

Name  
in  
Full

Conrad Arbough

242

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Burkeston		County	Carroll	
Date of death	1907	Month Sept	Day 14	Age 82	Years Months Days
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Laborer				
Married, Single or Widowed	Married	Name of Wife or Husband	Ann Mariah Evans		
Father's Name	Dont Know				
Mother's Maiden Name	" "				
Name of person giving information	Noah W Arbough				

CAUSES OF DEATH

Primary	old age	154	How long
Immediate	Heart failure		How long

PHYSICIAN  
OR CORONER

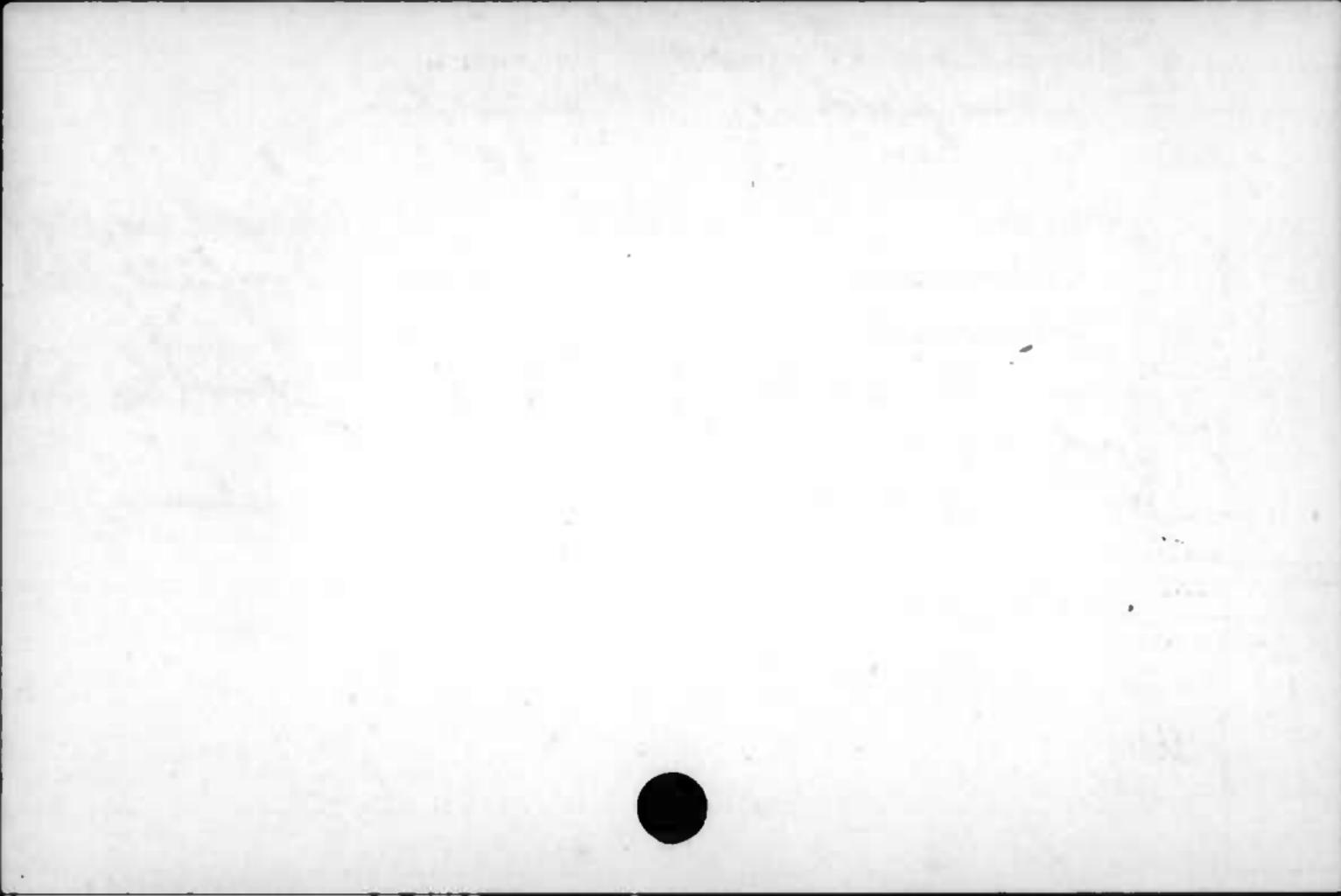
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thos J. Coonan M.D.  
Address  
Westister

Accident or Suicide?



Name  
in  
Full

Fletcher A. Baile

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND.

Died <u>Winfield</u>	Town	County <u>Carroll</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>9</u>	Day <u>9</u>	Age <u>65</u>	Months <u>1</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co., Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Winfield Md.</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Sarah Ellen Baile</u>	Father's Birthplace <u>Carroll Co. Md.</u>			
Father's Name <u>Lewis N. Baile, (deceased)</u>	Mother's Maiden Name <u>Sarah G. Nicodemus ("")</u>	Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>R. Clinton Baile</u>	How related to deceased <u>Son,</u>				

CAUSES OF DEATH

166

Primary <u>Accident falling Timber</u>	How long <u>3 hours</u>
Immediate <u>Internal Pulmonary Hemorrhage</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. D. Crank</u>
	Address <u>Winfield</u>
Accident or Suicide?	<u>Carroll Co., Md.</u>

PHYSICIAN  
OR CORONER

Ebenezed

Name  
in  
Full

Mary E. Baker.

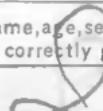
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	
CAUSES OF DEATH					
Primary	Nervous. Debility			66	How long
Immediate	Hemiplegia				How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

A. T. Conk

Taylorsville

Md

Accident or Suicide?

Taylorville

Name  
in  
Full

Ralph A Baker

245

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	2 / 1		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John A Baker				
Mother's Maiden Name	Gertie Shirley				
Name of person giving Information	Wm P Baker				

Father's  
Birthplace  
Maryland  
Mother's  
Birthplace  
260  
How related  
increased  
Grandfather

CAUSES OF DEATH

105

How long

one month

"

PHYSICIAN  
OR CORONER

Primary

Gastro-enteritis

Immediate

Inanition

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

S. N. Gorsuch M.D  
Gardner Md

Accident or Suicide?

Shawnee  
Our Party Chief

Name  
in  
Full

Ethel Marie Barnhard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>New Windsor</b>		County <b>Carroll</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Sept</b>	Day <b>20</b>	Years	Months <b>4</b>	Days <b>16</b>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place	<b>New Windsor</b>	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<b>John Albert Barnhard</b>				
Mother's Maiden Name	<b>Daisy Barnes</b>				
Name of person giving information	<b>Harry Mitten</b>				

## CAUSES OF DEATH

(105-)

PHYSICIAN  
OR CORONER

Primary

**Cholera Infantum**

How long

**1 week**

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

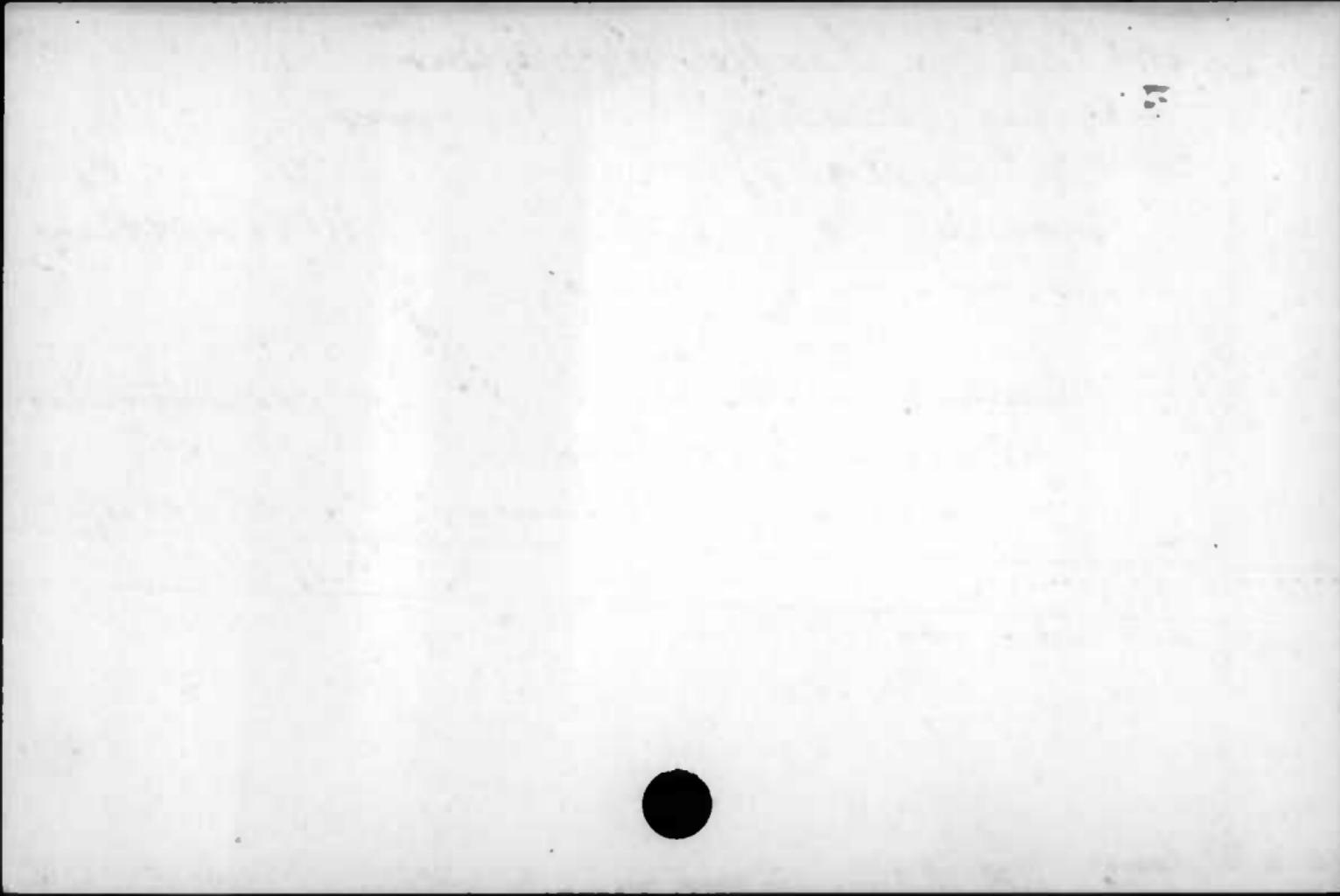
**Yes**

Signature of Physician

Address

**F. J. Brooks  
Marstow Md.**

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Laneytown		List Carroll			
Date of death 1907	Month 9	Day 5	Years 80	Months 8	Days 15
Sex Male	Color or Race White	Birth-place Pa			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Margaret Bixers	Father's Birthplace Pa			
Father's Name John Baumgardner	Mother's Birthplace Mod				
Mother's Maiden Name Mary Angell	How related to deceased Nephew				
Name of person giving information David Vaughan					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

154

How long

6 months

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles Rop  
Laneytown  
Md

Accident or Suicide?



Name  
in  
Full

243

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Merris Lester Beamer

Town

County

Died at

Warfieldesburg

Leaven

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

Sept

15

Age

11

Sex

Male

Color or  
Race

white

Birth-  
place

Occupation

Where Residing if not  
at place of death

Maryland

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Elias V. Beamer

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mollie E. Kirby

Mother's  
Birthplace

11

Name of person giving  
Information

Elias V. Beamer

How related  
to deceased

Father

CAUSES OF DEATH

105

Primary

Enteric colitis

How long

Indefinite

Immediate

Exhaustion

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

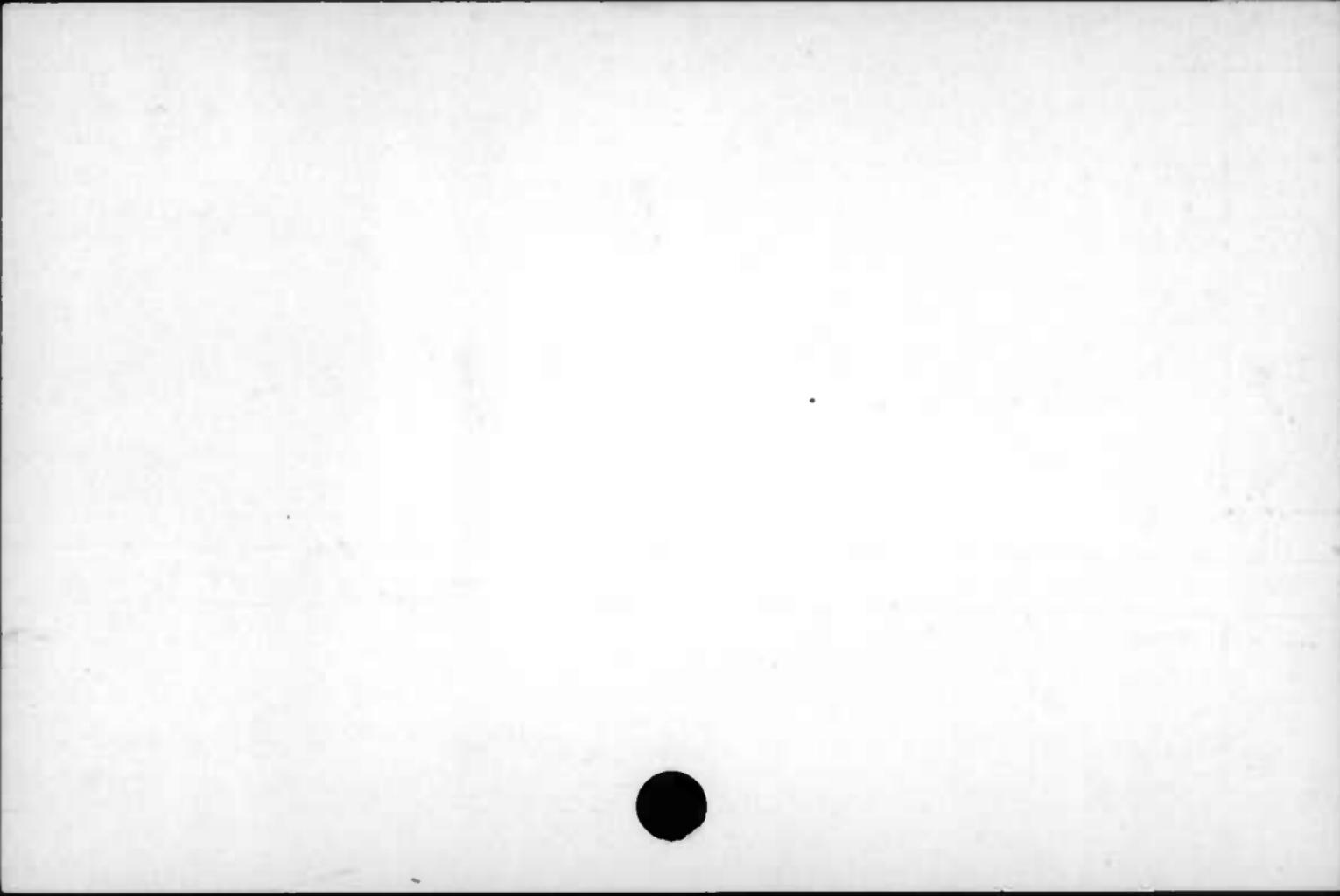
Henry M. Tugay

Address

110 E. Main Street

Westminster Md.

Accident or Suicide?



Name  
in  
Full

Howard Richard Berkeley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sykesville	Carroll			
Date of death	Month	Day	Years	Months	Days
1907	Sept	15	—	7	—
Sex	Male	Color or Race	Black	Birth-place	Sykesville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Richard . Berkeley				
Mother's Maiden Name	Nurma Nugent				
Name of person giving information	Richard Berkeley				
Father's Birthplace	Montgomery County				
Mother's Birthplace	Montg. Co. Md				
How related to deceased	Father				

CAUSES OF DEATH

105°

PHYSICIAN  
OR CORONER

Primary Enter- Colitis

How long

2 weeks

Immediate Enter- Colitis

How long

—

Are the name, age, sex, color, date and place correctly given above?

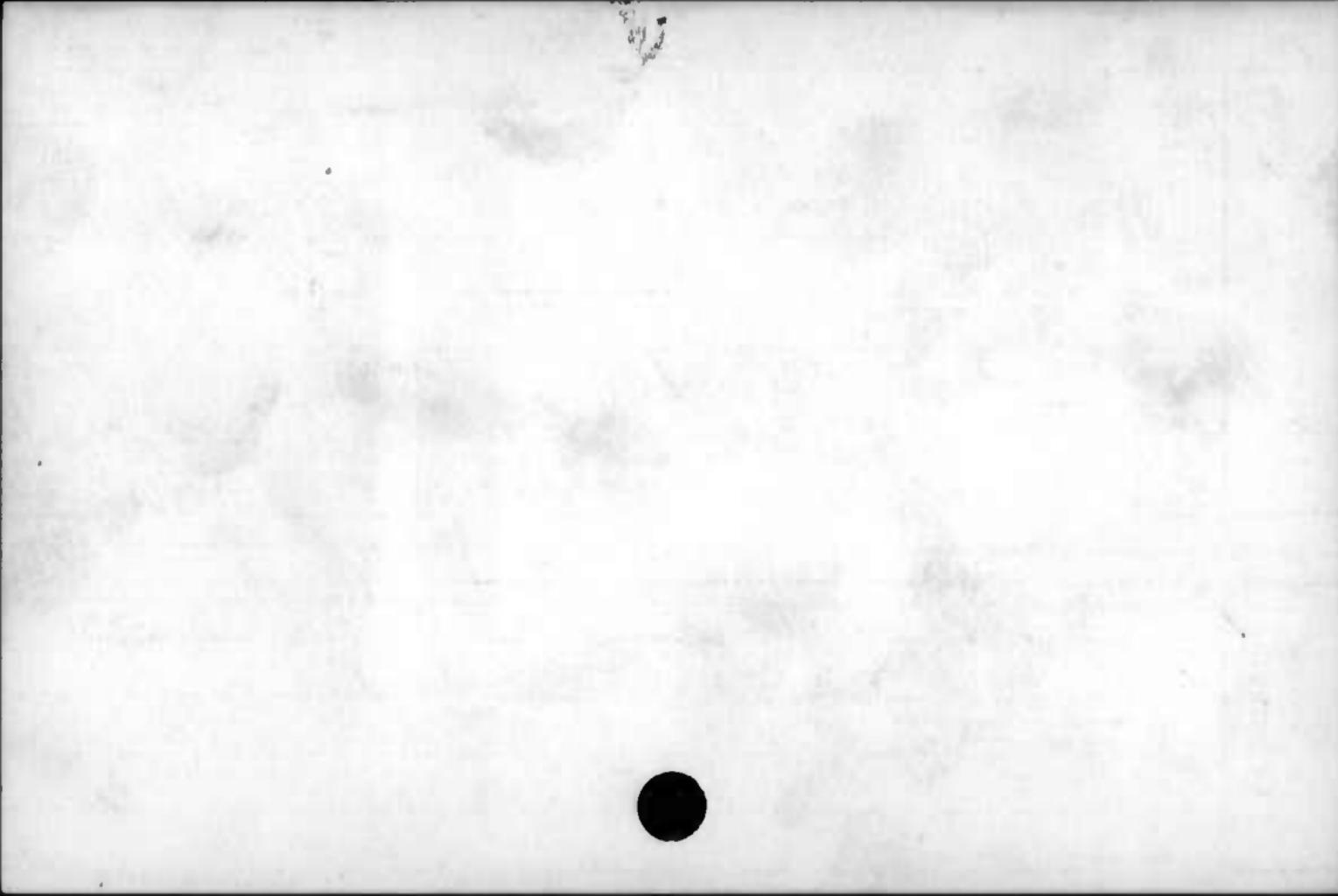
Yes

Signature of  
Physician

Address

David B. Sprecher  
Sykesville  
Md

Accident or Suicide?



Name  
in  
Full

George William Black

267  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

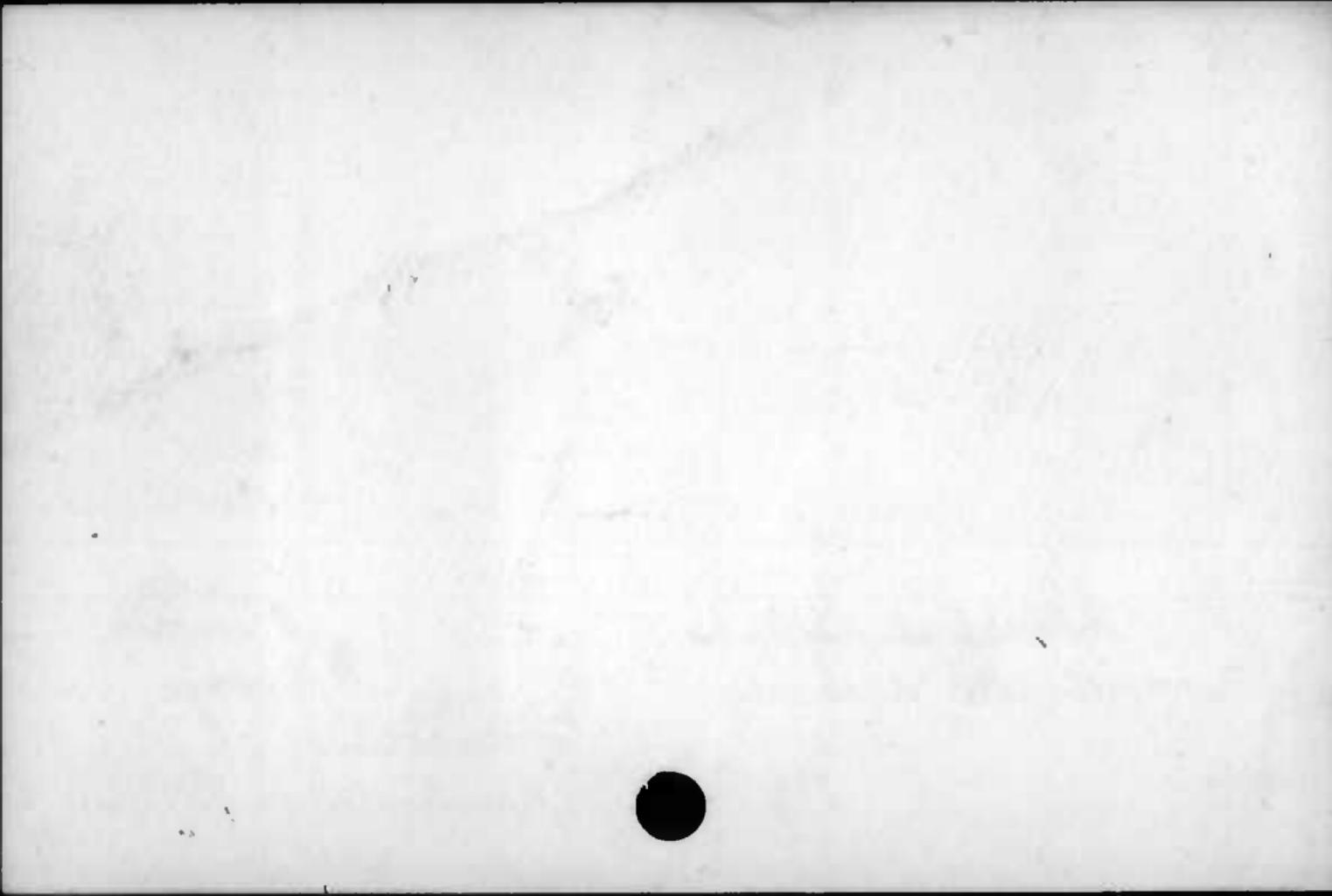
Died at	Westminster	Town	Carroll	County	MARYLAND
Date of death	1907	Month Sept	Day 4	Years	Months
Sex	Male	Color or Race	Colored	Age	Days 19
Occupation	—			Where Residing if not at place of death	—
Married, Single or Widowed	single	Name of Wife or Husband	—		
Father's Name	John Black			Father's Birthplace	Carroll Co Md
Mother's Maiden Name	Mary Key			Mother's Birthplace	" " "
Name of person giving information	John Black			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera infantum —			How long	6 hrs.
Immediate	Convulsions - Resp. Failure			How long	10 minutes.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	S. Scudder Barr	
Yes			Address	Westminster Md.	
Accident or Suicide?					



Name  
in  
Full

Elizabeth H Brandenburg

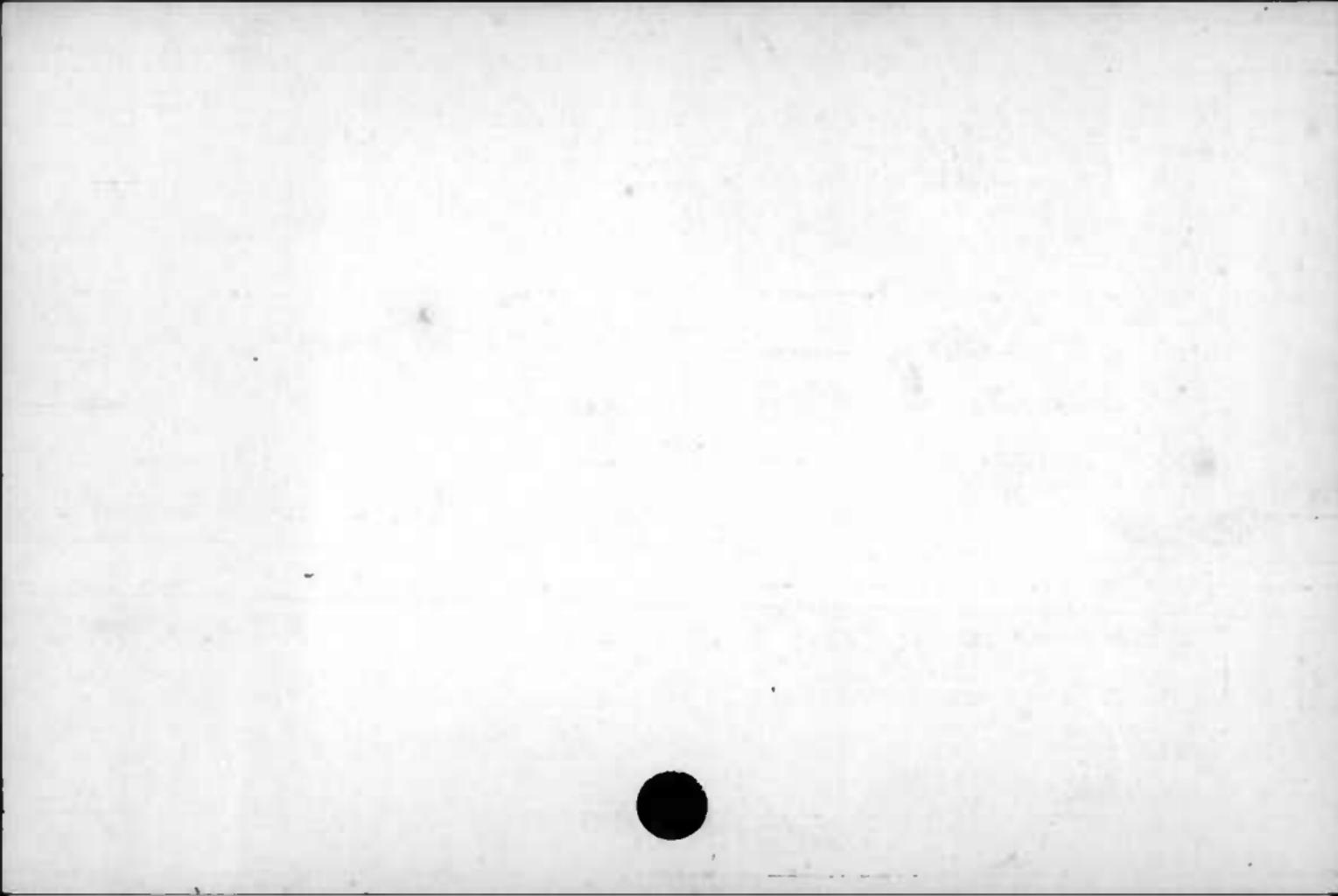
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George E. Brandenburg			
Father's Name	Honis R. Mettey		Father's Birthplace	Baltimore City	
Mother's Maiden Name	Mary D. Smith		Mother's Birthplace	41	
Name of person giving information	George E. Brandenburg		How related to deceased	Husband	

CAUSES OF DEATH

Primary	Interstitial Nephritis		120	How long	2 months
Immediate	Acute Uraemia			How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Franklin H. Erb.		
		Address	Residence and		
Accident or Suicide?					



Jessie Butler							
Town		County					
Mount airy.		carroll			MARYLAND		
Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1907	Sept.	10.	Age 23.			Maryland.	Farm laborer
Male	White	Married	Widow			Divorced	Number of children living
Female	Colored	Single	Widower				
Husband of							
Wife							
Father's Name						Mother's Maiden Name	
Cause of Death	Tuberculosis (General)					How long sick	
Primary						34	
Immediate						Accident, Suicide, Homicide	

Reported by

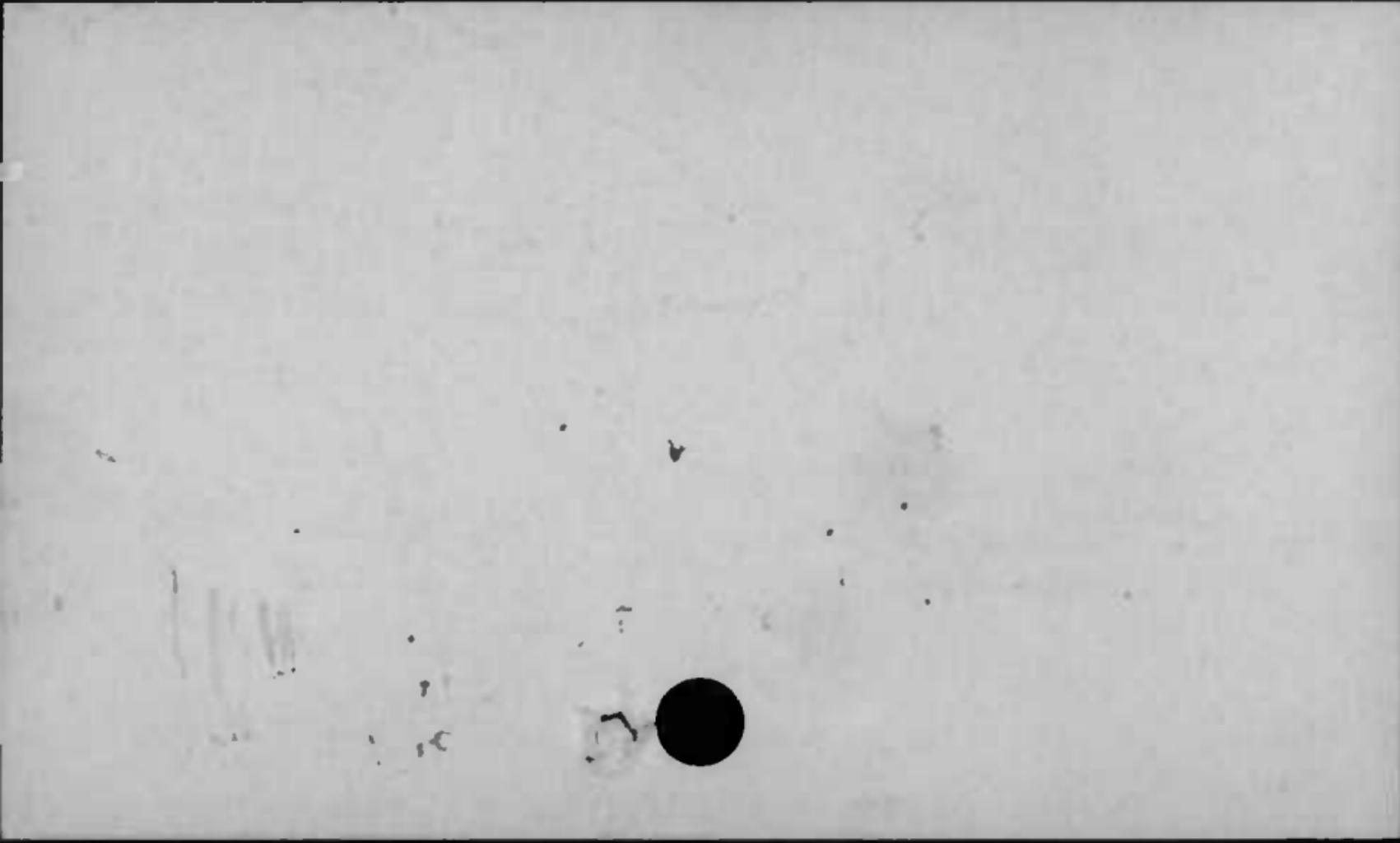
Address

J. W. Lacy, Lisbon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU, 78898



Name  
in  
Full

Mary Dowd - ✓

CERTIFICATE OF DEATH

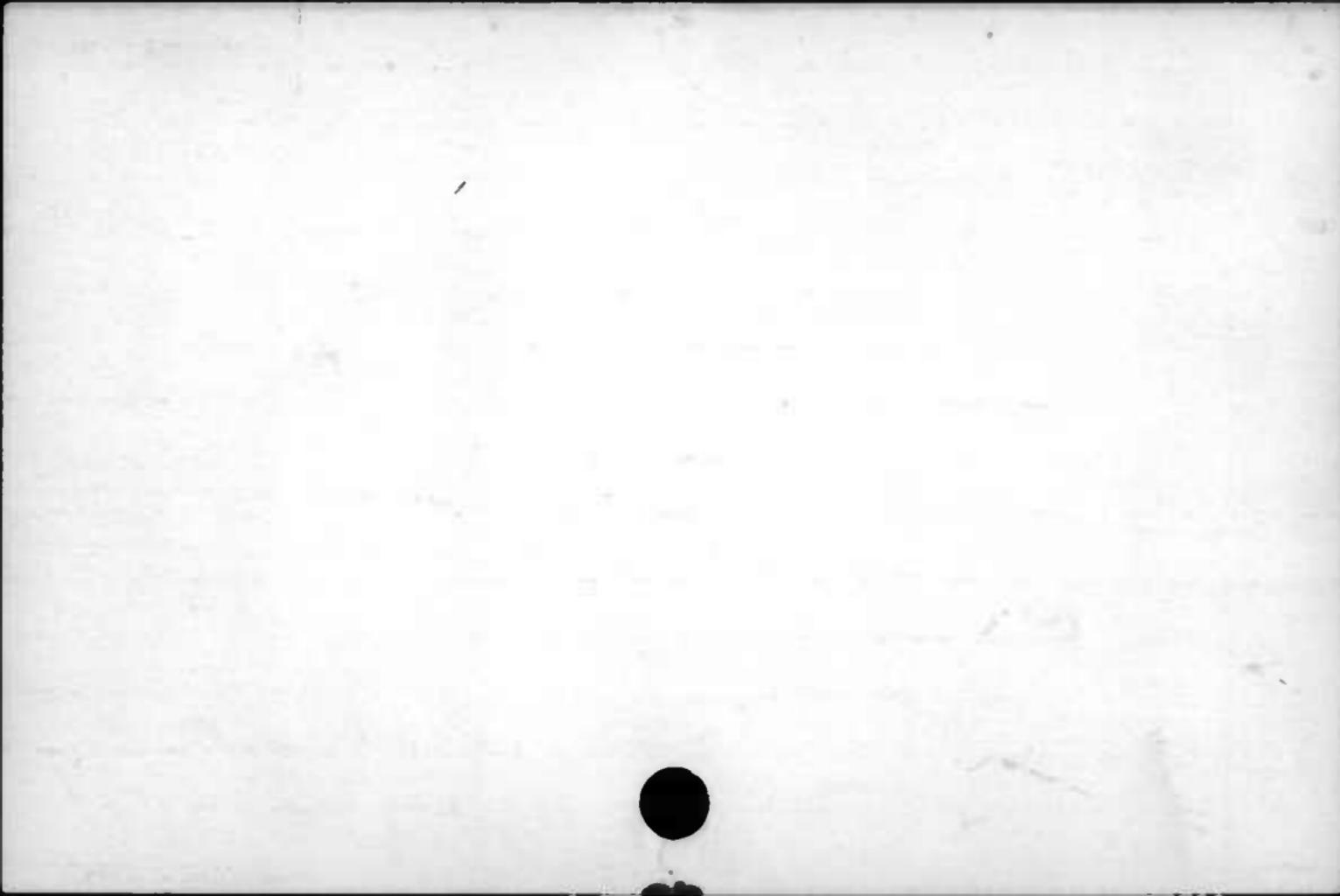
TO BE ANSWERED BY  
NEAREST FRIEND

Town	Carroll			MARYLAND	
Died at Sykesville	Month	Day	Years	Months	Days
Date of death 1907	Sept.	25	Age 78	—	—
Sex Female	Color or Race	White	Birth-place	Ireland - Springfield Hospital	
Occupation Domestic	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Not Known			Father's Birthplace	Unknown
Mother's Maiden Name	Not Known			Mother's Birthplace	Unknown
Name of person giving information	Not Known			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Liver		How long	Unknown -
Immediate	Emphysema		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	Newton W. Hershner	
		Address	Springfield Hospital	
Accident or Suicide?			Sykesville, Md.	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Margret Louis Ecker

## CERTIFICATE OF DEATH

Died at Bunn creek Town barroll County

MARYLAND

Date of death 1907 Month sep Day 5 Years 5 Months 5 Days 18  
Sex Female Color or Race Orkitt Birth-place sunaceckOccupation None Where Residing if not at place of death 2 amueck

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Howard Ecker

Father's Birthplace

Breden co

Mother's Maiden Name

J'anni sharratts

Mother's Birthplace

barroll

Name of person giving information

Land sharratts

How related to deceased

father

## CAUSES OF DEATH

105

Primary

Cholera, Infantum.

How long

Immediate

Exhauishon.

How long

PHYSICIAN  
OR CORONER

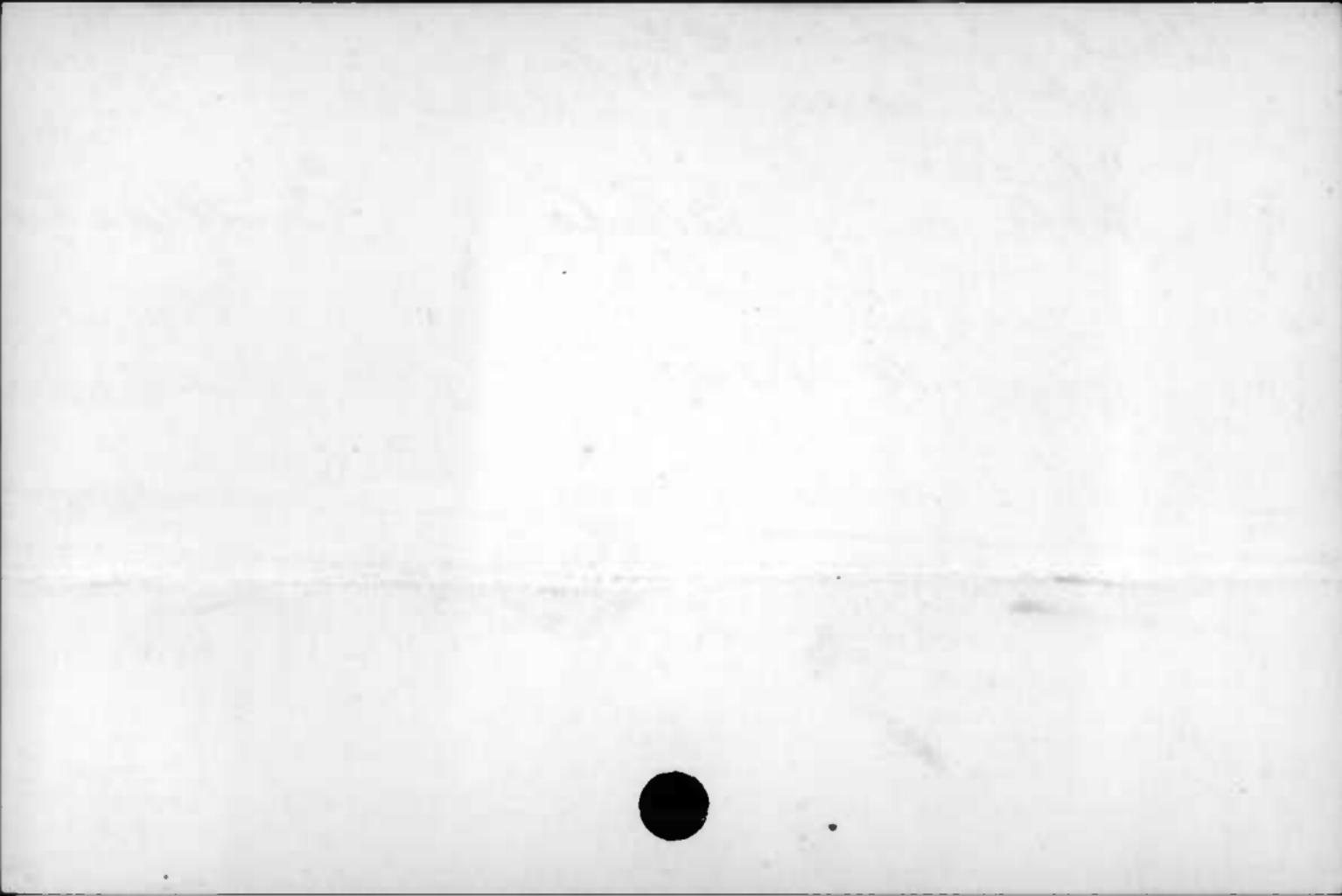
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. T. Grant  
Taylorsville, N.C.

Accident or Suicide?



Paul Jacob Essig

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>W.M. Pleasant</u>		town	County <u>Carroll</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>11</u>	Years <u>—</u>	Months <u>3</u>	Days <u>8</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Carroll County</u>				
Occupation <u>—</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>Frank Essig</u>		Father's Birthplace <u>Carroll County</u>			
Father's Name <u>Frank Essig</u>			Mother's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Lora Rosy</u>			How related to deceased <u>Father</u>			
Name of person giving information <u>Frank Essig</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

151

How long

Six weeks

Immediate

Meningitis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Stewart  
Physician  
Prestonester  
Md.

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Harry Fulcrum

Died at Westminster Town Carroll County

MARYLAND

Date of death 1907 Month Sept Day 3 Years Age Months 4 Days 4Sex Male Color or Race whiteBirthplace Carroll Co MdOccupation None Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name Harry FulcrumFather's Birthplace Carroll Co MdMother's Maiden Name Elizabeth McCulleyMother's Birthplace WashingtonName of person giving information Charles FulcrumHow related to deceased Grand Father

## CAUSES OF DEATH

151

Primary

How long

Immediate EnnervationHow long 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John J. Stewart  
Westminster Md

Accident or Suicide?

St Beaupre Cemetery  
Stover

Name  
in  
Full

Jesse F. Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Springfield High Sykesville				County Carroll	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1907	Sept	17	73			
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	R.R. Conductor			Where Residing if not at place of death	Springfield State & P.	
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown	Father's Birthplace	Unknown	
Father's Name	William Galloway			Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown			How related to deceased	—	
Name of person giving information	Hospital Record					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Senile Dementia

How long

14 mos.

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

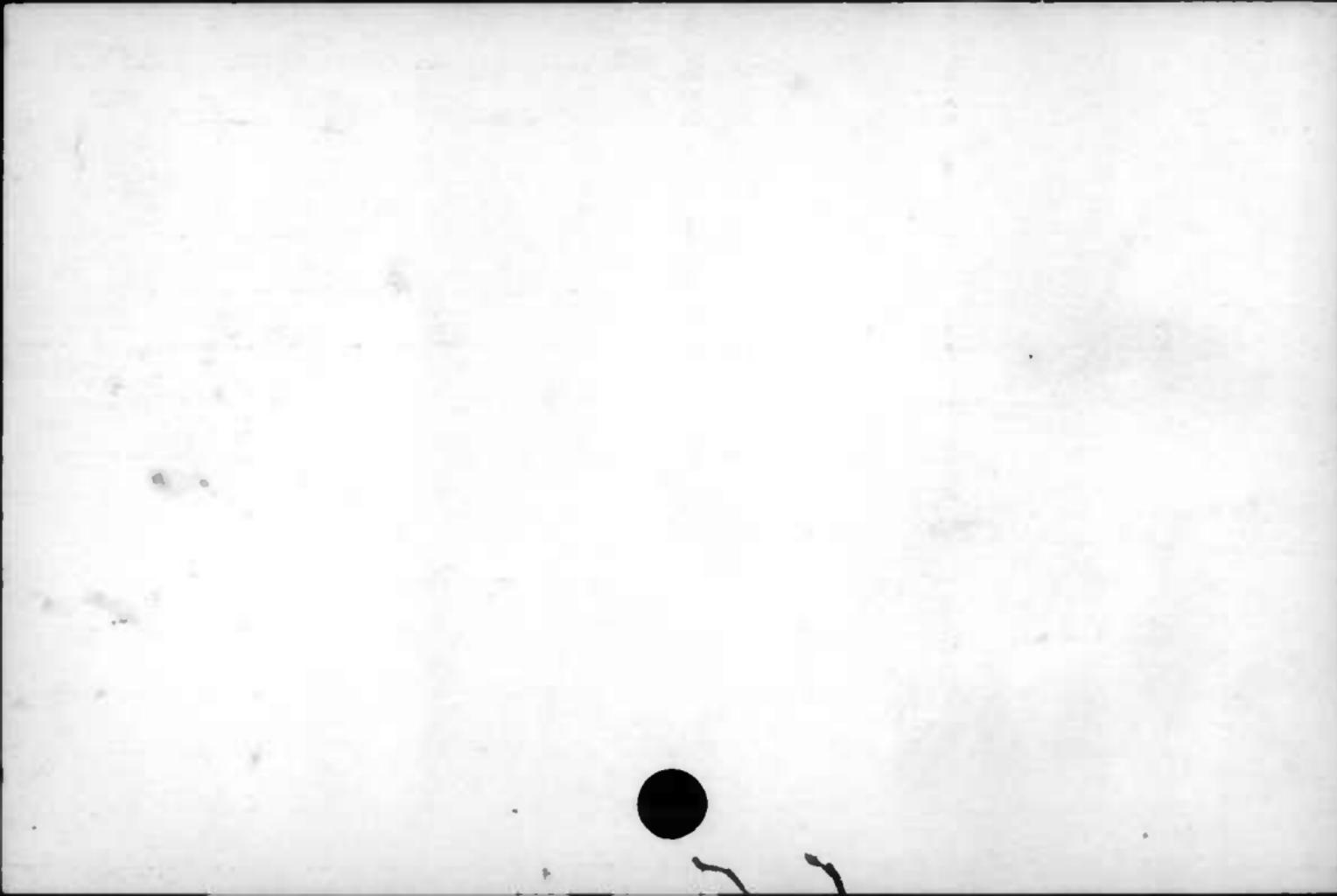
Signature of Physician

Address

J. Lelelar M.D.  
Sykesville

Mary

Accident or Suicide?



Name  
in  
Full

Henry

Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Disch no. 6

Town

Date of death 1909 Month 9 Day 15

County

Carroll

MARYLAND

Days

Months

18

Age 81

Years

5

Sex male

Color or  
Race

white

Birth-  
place

Occupation

Farmer

Where Residing if not  
at place of death

residence

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Harriett Grammer b. Dec 5/

Father's  
Name

Henry Garrett

Father's  
Birthplace

Mother's  
Maiden Name

Harriet Grammer

Mother's  
Birthplace

Name of person giving  
Information

Henry D. Garrett

How related  
to deceased

Son

CAUSES OF DEATH

81

Primary

Arteriosclerosis

How long

3 years

Immediate

Jaundice

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

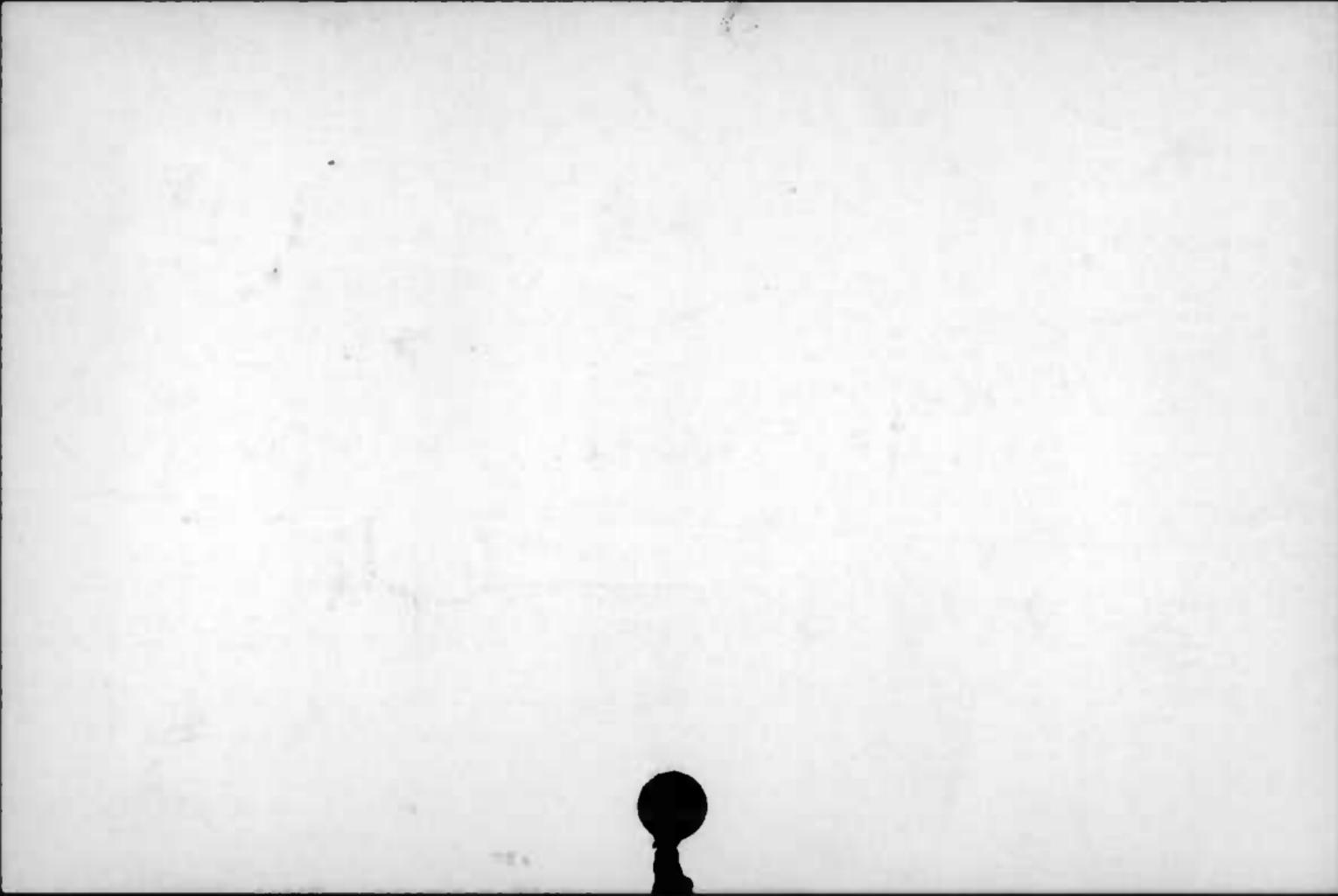
Signature of  
Physician

Address

John S. Ziegler  
Melrose  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Marston</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>27</u>	Age <u>82</u>	Years	Months <u>X</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>With Son in law</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Levi Gosnell</u>	Father's Birthplace <u>Md.</u>				
Father's Name <u>Unknown</u>	Mother's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Not Known</u>	How related to deceased <u>In no way</u>					
Name of person giving Information <u>Harry Dickey</u>						

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Impairment of age

Immediate Chancroid

Are the name, age, sex, color, date and place correctly given above?

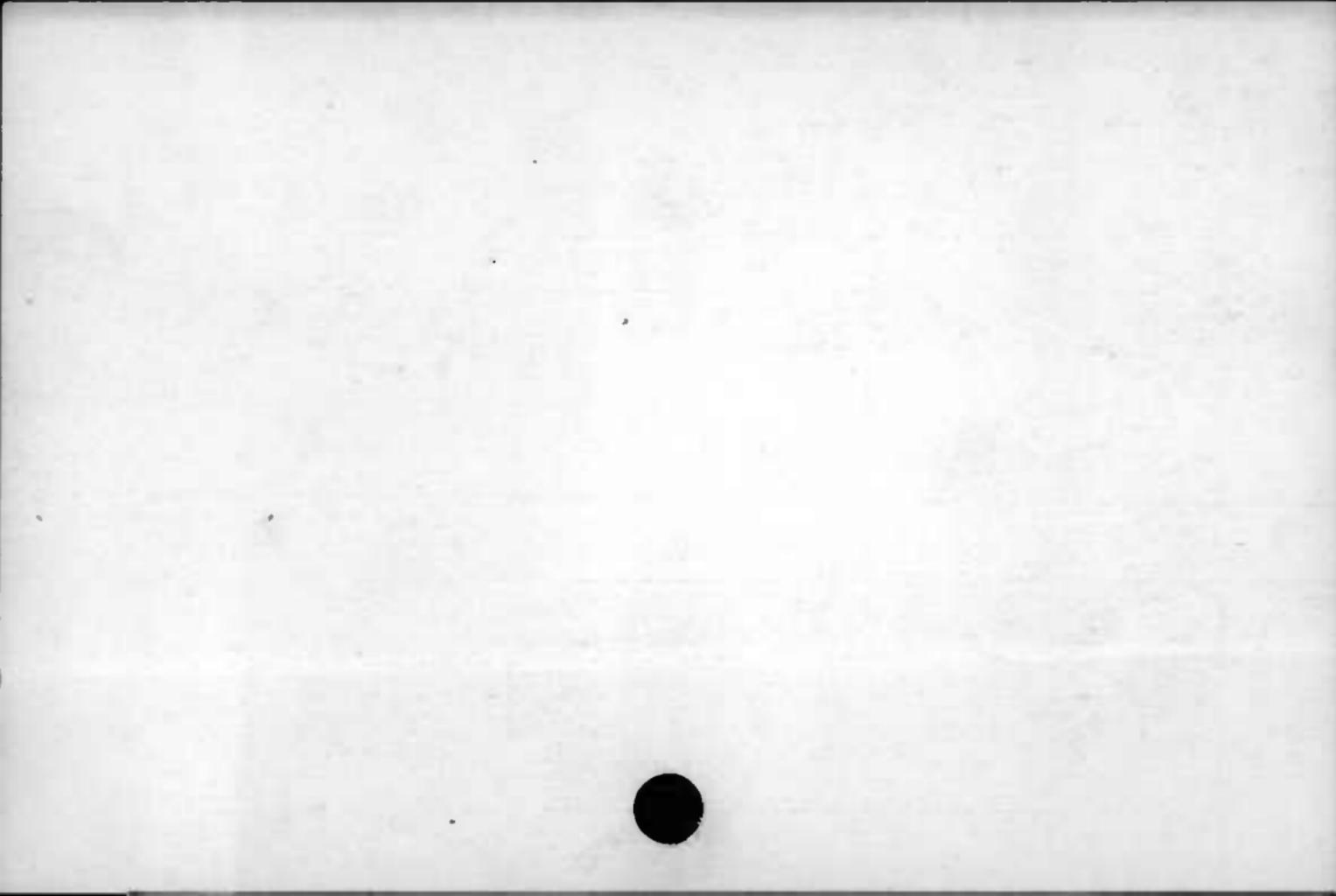
Yes

Signature of Physician

Address

Sappington & Pearce  
Unionville,  
Maryland

Accident or Suicide?



Name  
in  
Full

Miles B. Grogg

CERTIFICATE OF DEATH

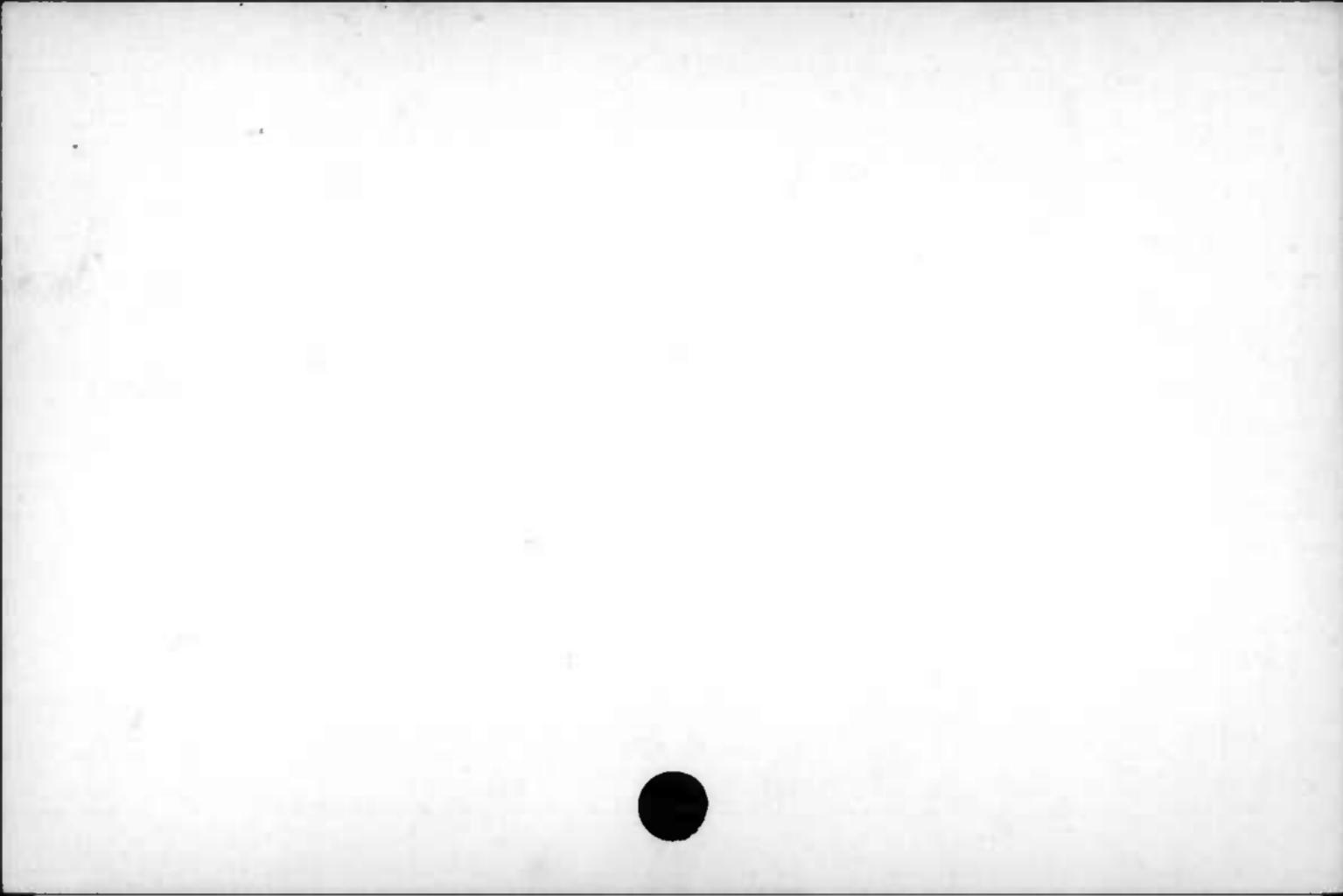
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month 9	Day 3	Age 58	Years 8	Months 23 Days
Sex	Male	Color or Race	White	Birth-place	✓	
Occupation	Farmer			Where Residing if not at place of death	Katharine Grogg	
Married, Single or Widowed	Married		Name of Wife or Husband	Katharine Grogg		
Father's Name	—			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	Florence Crampton			How related to deceased	daughter	

CAUSES OF DEATH

27

Primary	Catarrhal Pleuris	
Immediate	Strangulation	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	R. F. Richard	
Address	8 Campstead Rd	
Accident or Suicide?	—	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Violet Catharine Harvey  
Died at Middleburg, County, Carrick

CERTIFICATE OF DEATH

MARYLAND

Date of death	1907	Month	Sept.	Day	24	Age	—	Months	7	Days	4
Sex	Female	Color or Race	white	Birth-place	Middlebury	Md.					
Occupation	—	Where Residing if not at place of death									
Married, Single or Widowed	Sister	Name of Wife or Husband	—	Father's Birthplace	Johns River, Md.						
Father's Name	Harvey Harry	Mother's Birthplace	Johns River, Md.								
Mother's Maiden Name	Lorriette Rosemarie	How related to deceased	Mother								
Name of person giving information	Lorriette Harvey										

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Insanity

151

How long

3 mos

Immediate

Dravetoxa

How long

1 week ✓

Are the name, age, sex, color, date and place correctly given above?

Yes

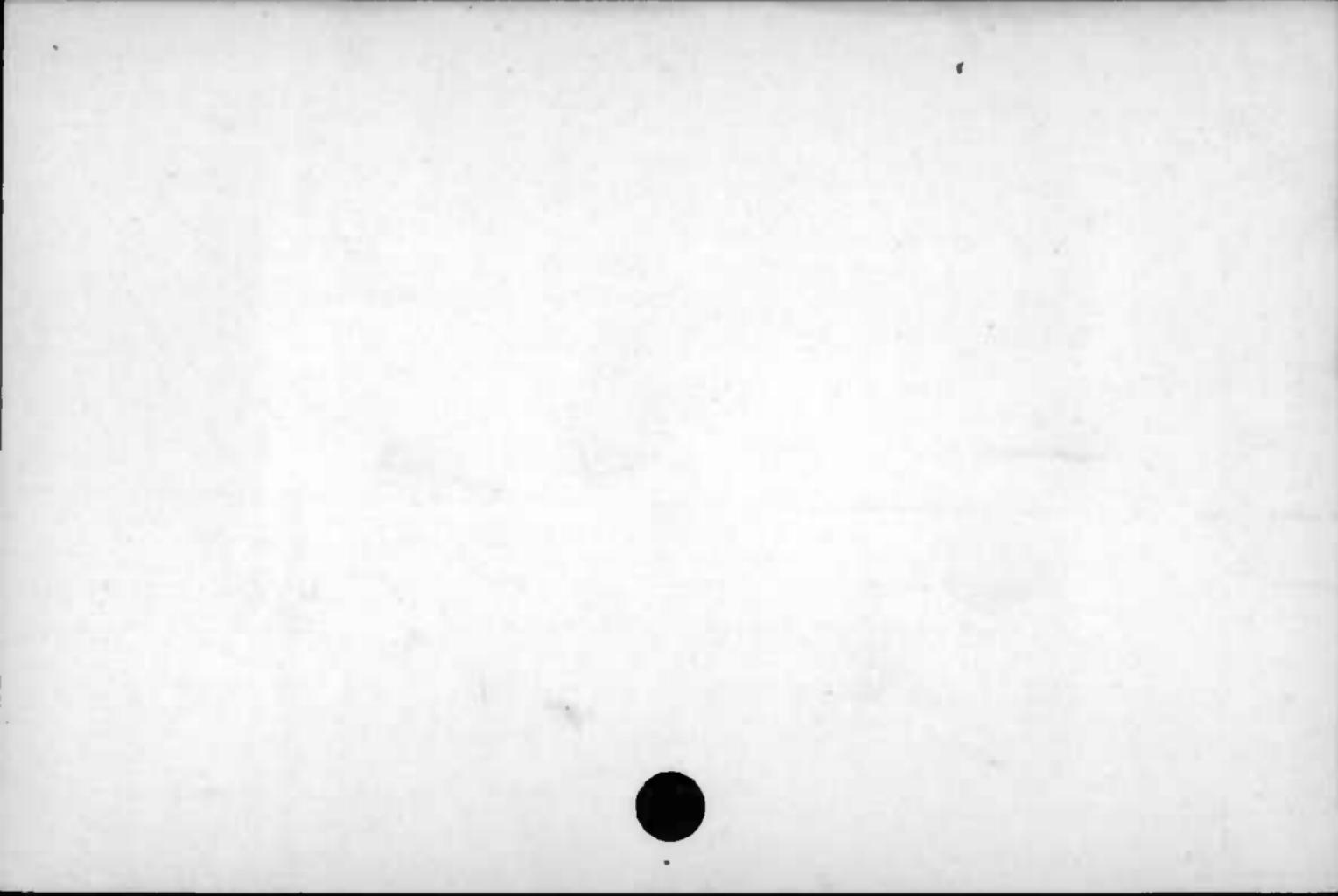
Signature of Physician

Address

Dr. Dier

Detour  
Md.

Accident or Suicide?



Lydia A. M. Hawn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month 9	Day 29	Age 58	Years	5 Months	27 Days
Sex	Female	Color or Race	White		Birth-place		Mod
Occupation	Housemaid		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Daniel Hawn				Father's Birthplace		Mod
Mother's Maiden Name	Magdalene Ghouse				Mother's Birthplace		Mod
Name of person giving information	Mary Fogle				How related to deceased		Sister

## CAUSES OF DEATH

1

How long

26 days

How long

20 minutes

Primary

Typhoid fever

Immediate

Pulmonary embolism

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Lydia A. Hawn  
January

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Baby Horney  
Mrs. Hillsboro  
Town: Hillsboro  
County: Caroline  
Died at: ~~Hillsboro~~  
Date of death: 1907 Month: 9 Day: 13  
Years: ~~Age~~ Months: ~~16~~ Days: ~~16~~  
Sex: Male Color or Race: White  
Occupation: ~~Housewife~~  
Where Residing if not at place of death: ~~Caroline Co.~~

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

A. A. Horney

Mo.  
Talbot Co.

Laney E. Deo

Mo.  
Talbot Co.

Father

105

They gave it Cordial & Soothing Syrup (Pabst Syrup)

CAUSES OF DEATH

Primary

How long

Don't know, never took it - I gave

Immediate

How long

Father Some medicine for diarrhea for it

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

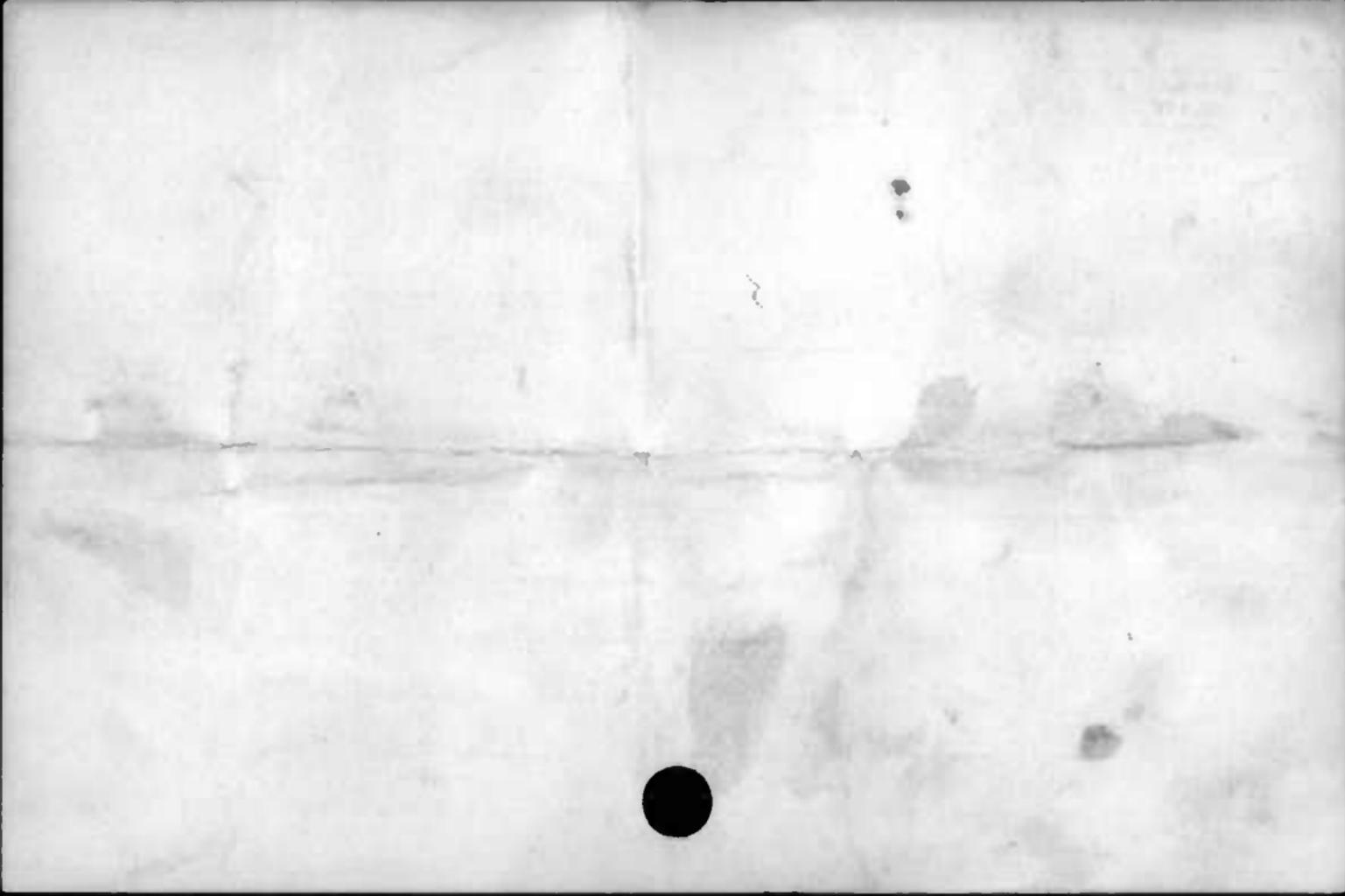
Address

JCS

Robley Hackett

Green Arme  
Maryland

Accident or Suicide?



Name  
in  
Full

Catherine H. Hysler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Oak Grove Town Carroll County  
Date of death 1907 Month 9 Day 13 Years  
Age . Months 2 Days 10  
Sex Female Color or Race White  
Occupation  Birthplace Ind

Married, Single or Widowed

Where Residing if not  
at place of death

Name of Wife or Husband

Father's Name

Father's Birthplace

Howard Hysler

Ind

Mother's Maiden Name

Mother's Birthplace

Florence Hennish

Ind

Name of person giving information

How related to deceased

Samuel Hennish

Grand-father

CAUSES OF DEATH

105

Primary

How long

Cholera Infantum

2 days

Immediate

How long

Seul Infection

1 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles D. Rop

Tanneytown

Ind

PHYSICIAN  
OR CORONER

Accident or Suicide?



Infant child of Mary A. Johnson				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1907	Month Sept	Day 22	Age	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Paney Town	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Paney Town	
Father's Name	George Anthony Freeling	Mother's Maiden Name	Mary Anna Johnson	Mother's Birthplace	Paney Town	
Name of person giving information	mary Anna Johnson	How related to deceased	mother			

## CAUSES OF DEATH

(S)

Primary

Still born

How long

no time

Immediate

Still born

How long

no time

Are the name, age, sex, color, date and place correctly given above?

Yee

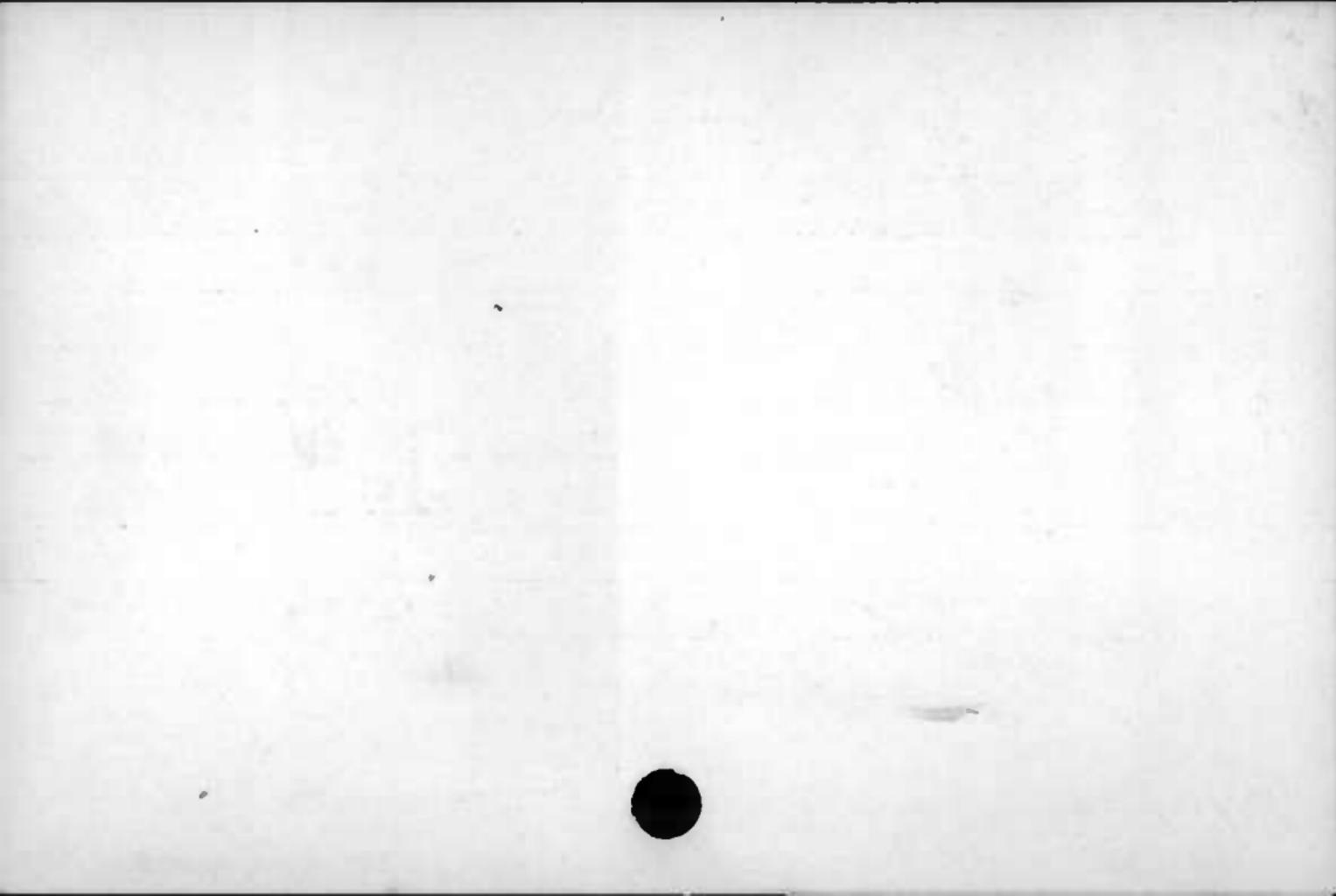
Signature of Physician

C. M. Benner, M.D.

Address

Paney Town,  
Md

Accident or Suicide?



Name  
in  
Full

William E. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

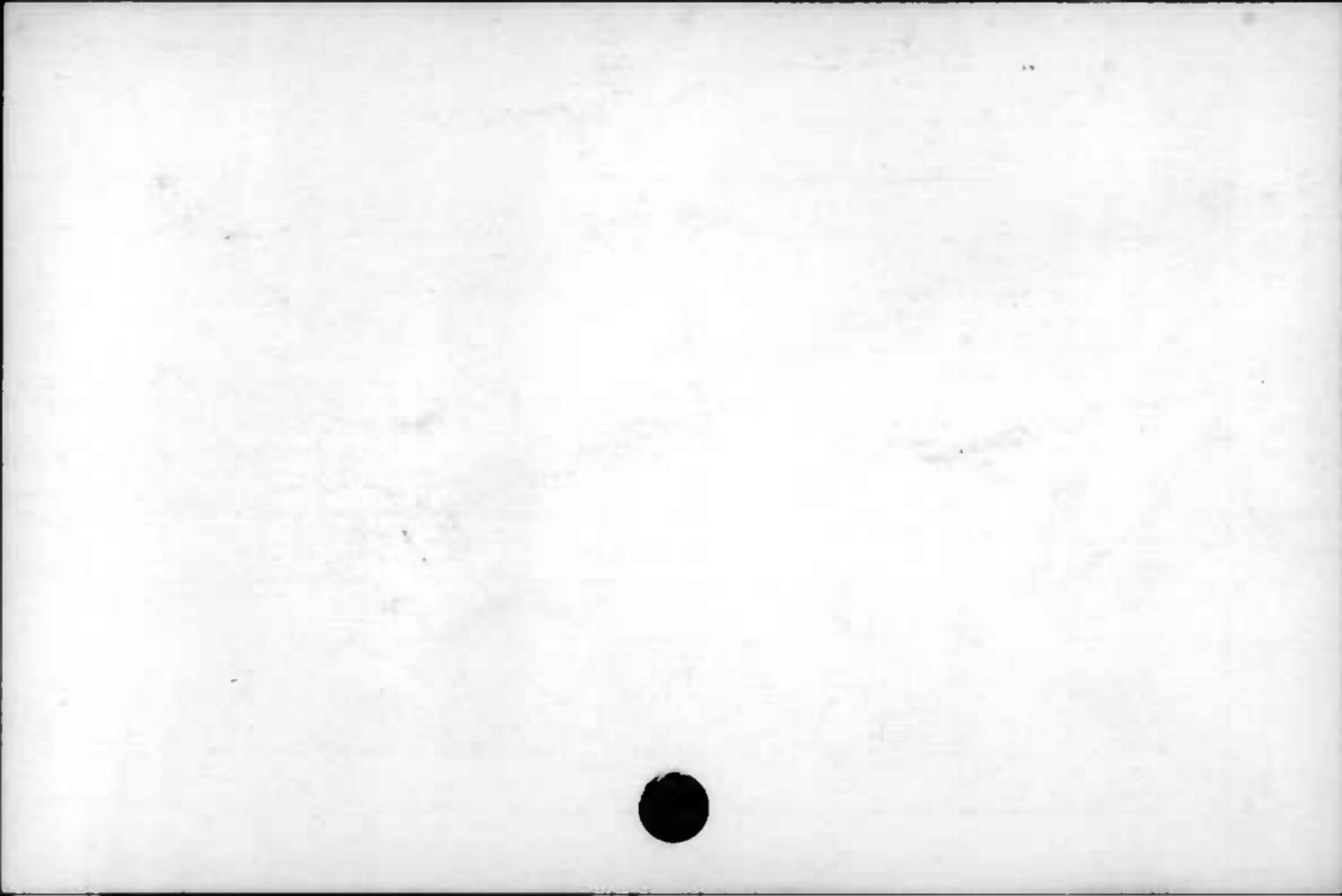
Town	Oakland			County	Carroll	
Died at	Month	Day	Years	Months	Days	MARYLAND
Date of death 1907	Sept.	28.	Age	1-	14.	
Sex	Color or Race	White	Birth-place	Maryland		
Occupation	Where Residing if not at place of death Place of death.					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Edward Jones					
Mother's Maiden Name	Elizabeth Green					
Name of person giving information	Elizabeth Green Jones					

151

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mal-Asimilation, from Birth	
Immediate	Marasmus	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician
	H. P. Ward, M.D.	
Address	Harrisonville Ballo Co. Md.	
Accident or Suicide?		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	Caucasian		
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Married Katz		
Father's Name	Ernest W. Ulrich		Father's Birthplace			
Mother's Maiden Name	Magdalene Ulrich		Mother's Birthplace			
Name of person giving Information	Ernest W. Katz		How related to deceased			

CAUSES OF DEATH

93

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

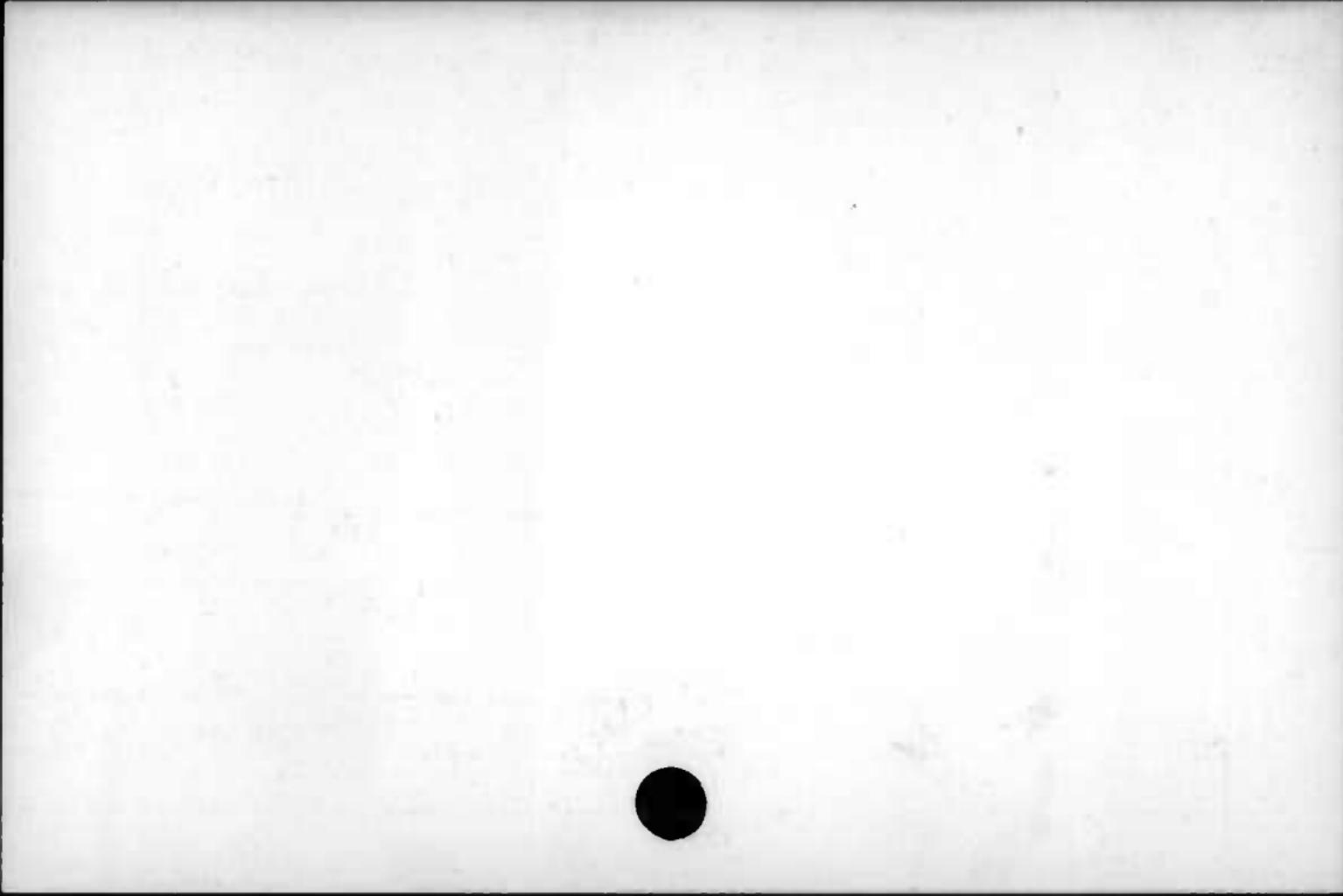
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

3 days  
1st Preston 2nd  
Manchester NED



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Annie Kupperschmidt -  
Died at Sykesville

Town  
County

Carroll Co - MARYLAND

Date of death 190 Month 7 Sept Day 15th Years 43 - Months Days

Sex Female - Color or Race White Birth-place Germany

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Fried Kupperschmidt

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Dorothy Rabers.

Mother's  
Birthplace

Germany

Name of person giving  
Information

Can't say

How related  
to deceased

112

CAUSES OF DEATH

Primary

Chronic Hepatitis

How long

3 years -

Immediate

Pulmonary Embolus & Edema

How long

2 days -

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

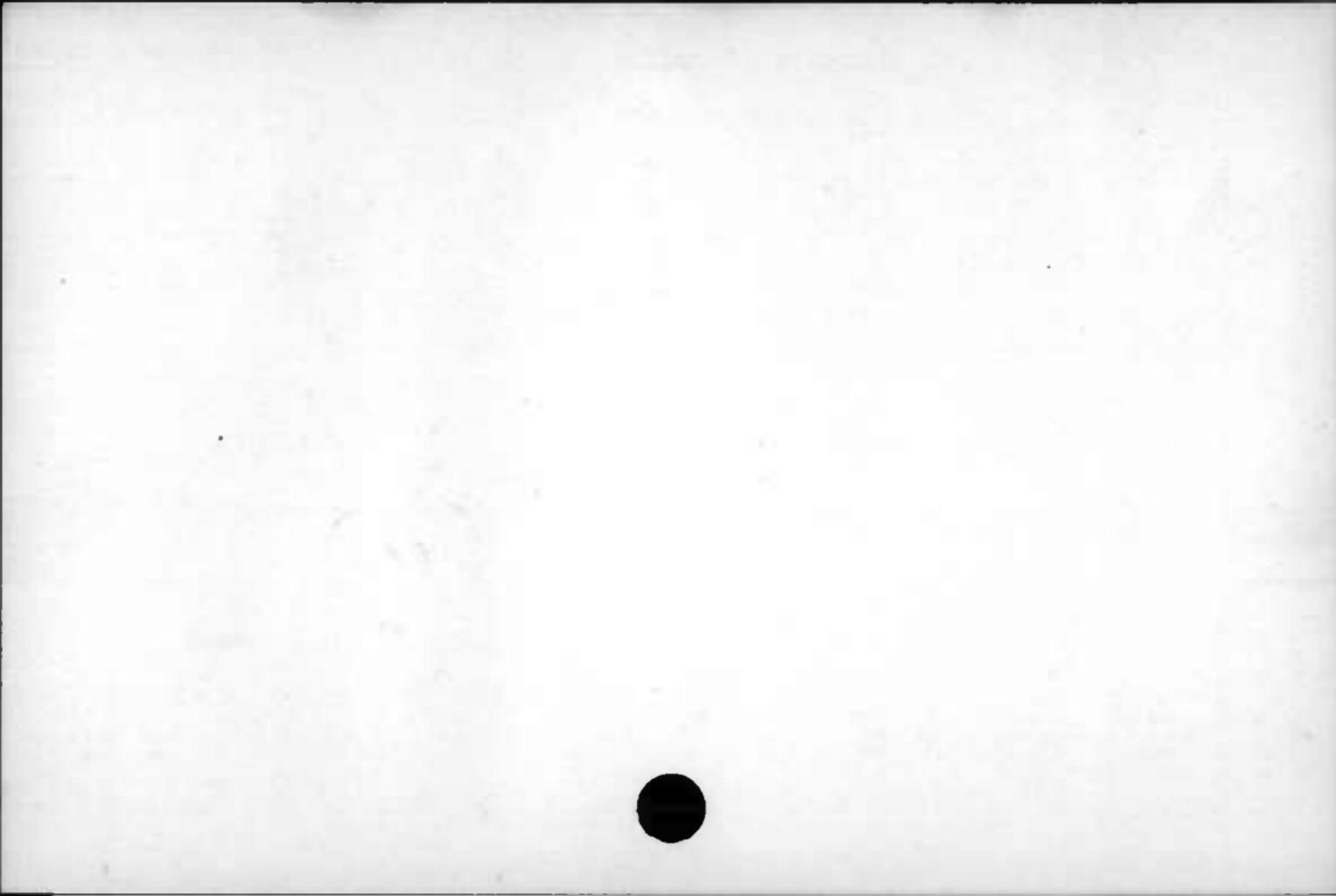
Newton W. Hershey

Address

Sykesville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Theodore J Lang

CERTIFICATE OF DEATH

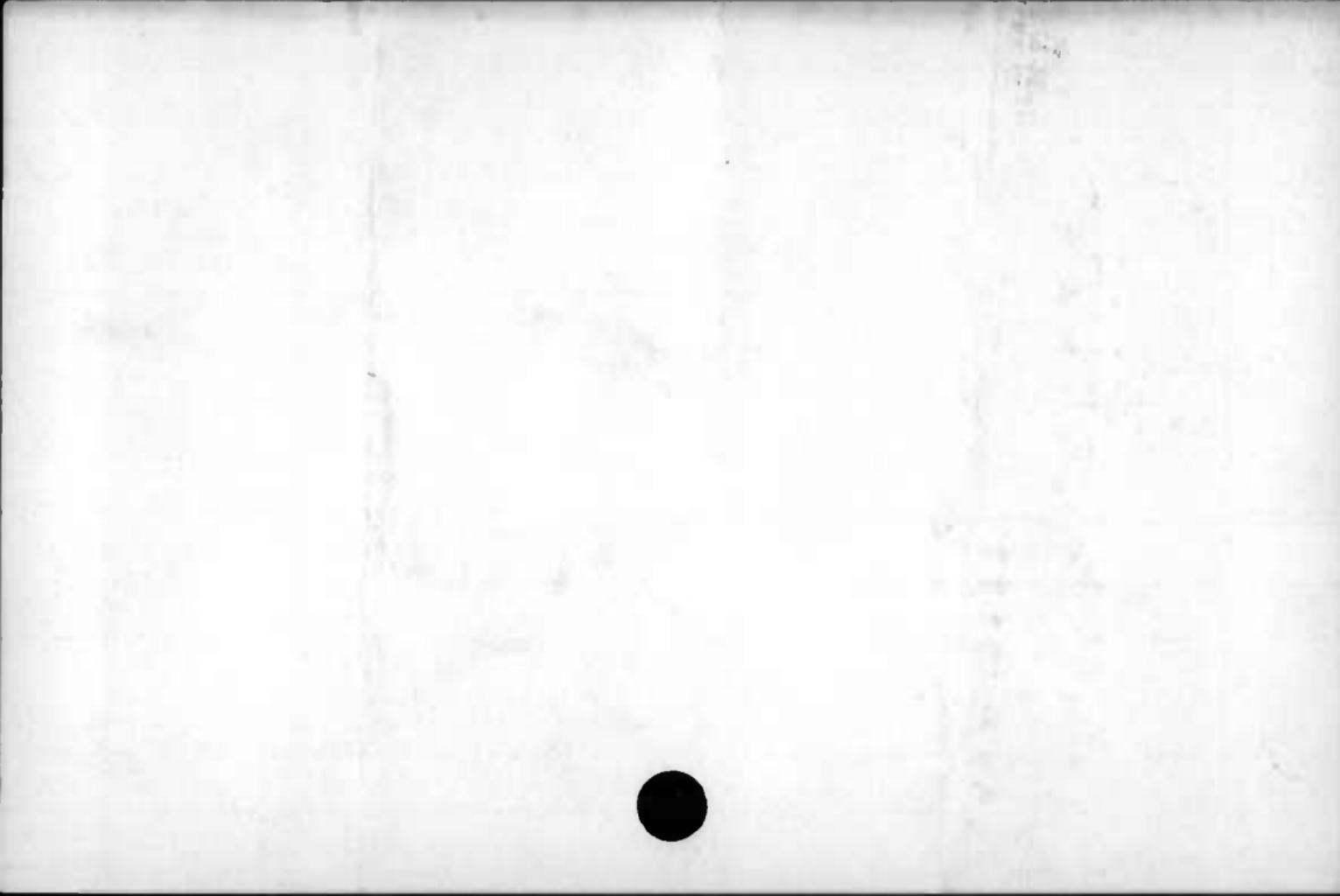
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Springfield Hospital</u>			County <u>Carroll</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>Sept.</u>	Day <u>27</u>	Age <u>74</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>N. Va.</u>	Days
Occupation <u>Gov't Employee</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>			Father's Birthplace <u>N. Va.</u>	
Father's Name <u>James Lang</u>				Mother's Birthplace <u>" "</u>	
Mother's Maiden Name <u>Arenell Bartlett</u>				How related to deceased	
Name of person giving information <u>Hospital records</u>					

CAUSES OF DEATH

154

Primary	Senile dementia		How long <u>21 months</u>
Immediate	General debility		How long <u>Progressive</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Chas. J. Carey</u>	
		Address <u>Sykesville Md</u>	
Accident or Suicide? <u>No</u>			



Name  
in  
Full

Charles Elmer Fairinger

CERTIFICATE OF DEATH

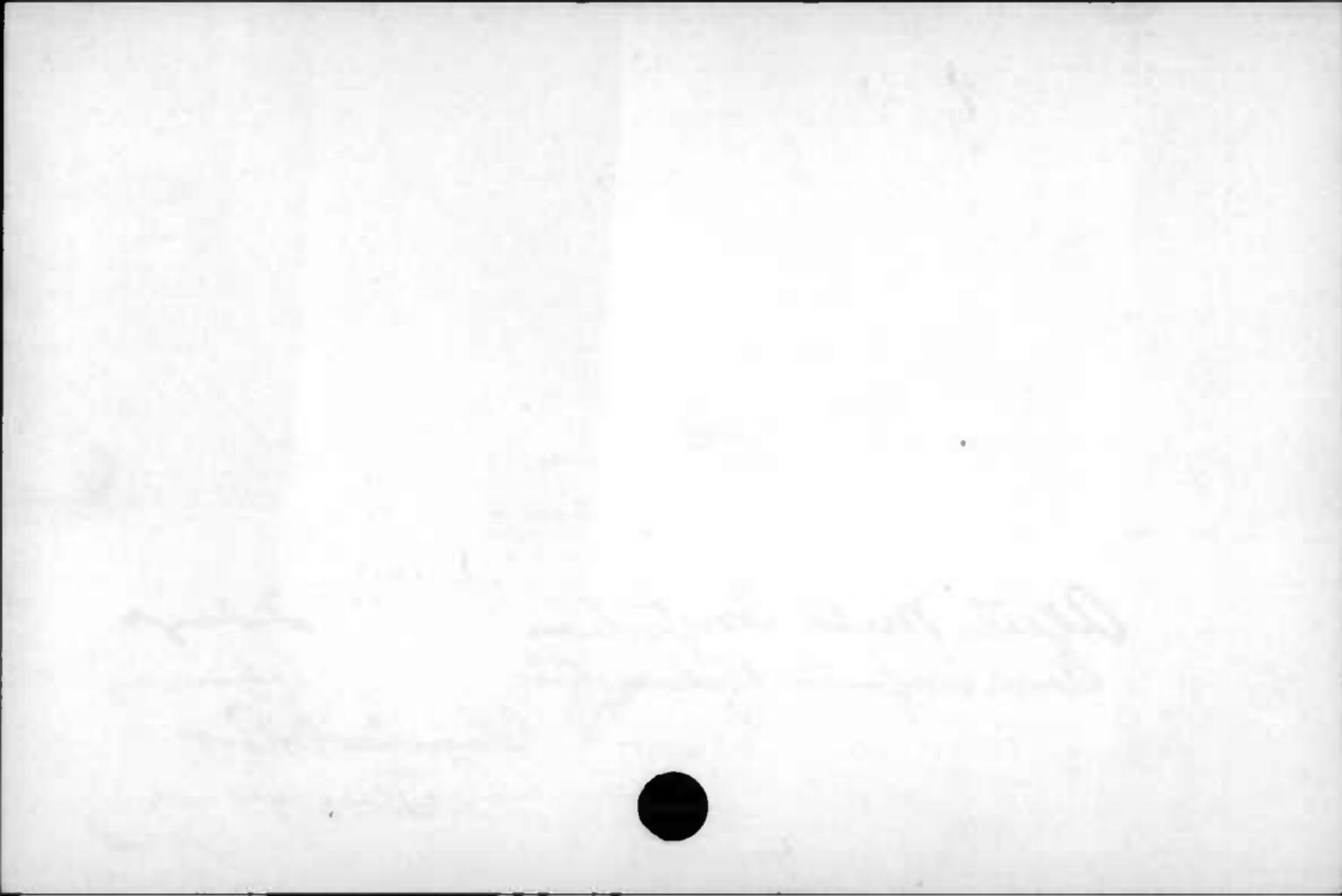
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Tarrytown		Carroll			
Date of death	1907	Month 9	Day 25	Years	Months 5	Days
Sex	Male	Color or Race	White	Birth-place	Mid	
Occupation	Infant		Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband			
Father's Name	Maurice A Fairinger		✓		Father's Birthplace	Pa
Mother's Maiden Name	Grace R Selby		✓		Mother's Birthplace	Mid
Name of person giving information	Father		✓		How related to deceased	Father

CAUSES OF DEATH

105

Primary	Acute Milk Infection	
Immediate	Gent Infection & Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	Charles Elmer Fairinger Tarrytown Md.	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Howard J. Leemmon

Town  
Died at Taneytown

County  
Carroll

MARYLAND

Date of death 1907	Month 9	Day 14	Age	Years	Months	Days
Sex Male	Color or Race white	Birth- place Md				

Occupation  
Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace  
Md

Mother's  
Maiden Name

Mother's  
Birthplace  
Md

Name of person giving  
Information

How related  
deceased  
Mother

Howard Leemmon

Mary E. Erb

Mary E. Leemmon

CAUSES OF DEATH

105

Primary

Acute Milk Infection

How long  
2 days

Immediate

End Infection & Exhaustion

How long  
6 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

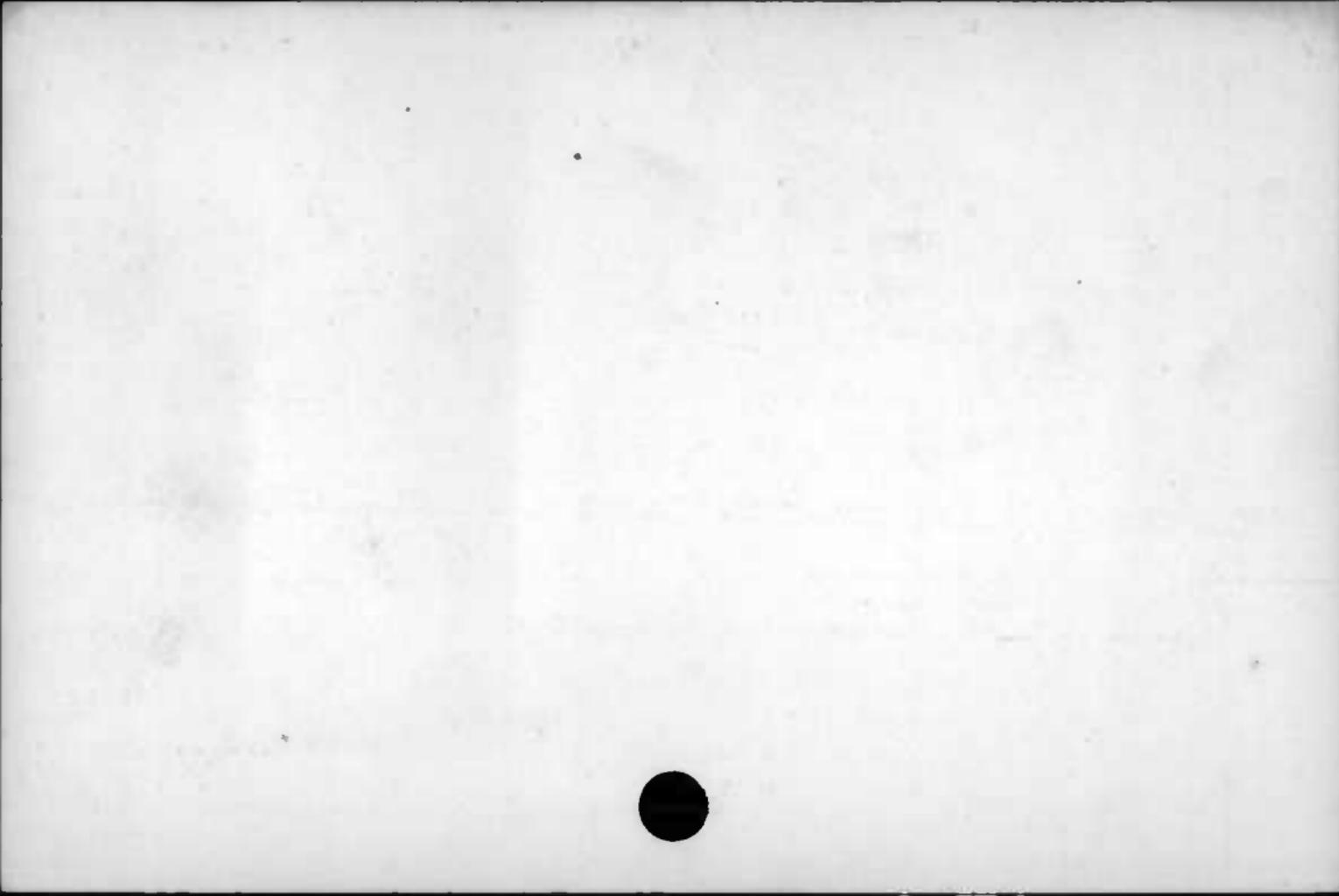
Signature of  
Physician

Address

Charles B. Rose

Taneytown  
Md.

Accident or Suicide?



Name  
in  
Full

Zachariah Moot

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Tyrone	Carroll			
Date of death	1907	Month 9	Day 29	Years 68	Month 3	Days
Sex	Male	Color or Race	White		Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Incluse	Name of Wife or Husband	Unknown			
Father's Name	George Moot		Unknown		Father's Birthplace	Unknown
Mother's Maiden Name	Unknown		Unknown		Mother's Birthplace	Unknown
Name of person giving Information	Sam Harman		Unknown		How related to deceased	None

CAUSES OF DEATH

79

How long

How long

PHYSICIAN  
OR CORONER

Primary

Disease minal cause

Unknown

Immediate

Disease minal cause

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

El Dorris  
Terry Town

Yes

Accident or Suicide?

Winters Branch

Name  
in  
Full

Ethel Irene Myers

246

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month Sept	Day 24	Year 5	Months 8	Days 21
Sex	Female	Color of Race	white	Birth-place	Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband	<del>David N. Myers</del>			
Father's Name	David N. Myers		Father's Birthplace	Md.		
Mother's Maiden Name	Emma S. Matthews		Mother's Birthplace	Md.		
Name of person giving information	David N. Myers		How related to deceased	Father		

CAUSES OF DEATH

9

How long

24 hrs

Primary

Meulrour's Cramp

Immediate

Heart failure

How long

8 hrs

Are the name, age, sex, color, date and place correctly given above?

75

Signature of Physician

Address

Chas. R. Fouz

Westminister

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Shaver

Huron

W 44

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Oliver

CERTIFICATE OF DEATH

Died at Sykesville

County Carroll

MARYLAND

Date of death 1907 Month Sept Day 22 - Age 72 - Years 72 - Months - Days -

Sex Female -

Color or Race

White -

Birthplace

Maryland -

Occupation

Seamstress

Where Residing if not  
at place of death

Springfield S. Hospital

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Watson

Father's  
Birthplace

Ireland -

Father's  
Name

John Watson

Mother's  
Birthplace

Ireland -

Mother's  
Maiden Name

Nellie Lytle -

How related  
to deceased

Daughter -

Name of person giving  
Information

Miss Marion Oliver

CAUSES OF DEATH

1

Primary

Typhoid Fever with Pneumonia

How long

15 days -

Immediate

Intestinal Hemorrhage -

How long

2 days -

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

Address

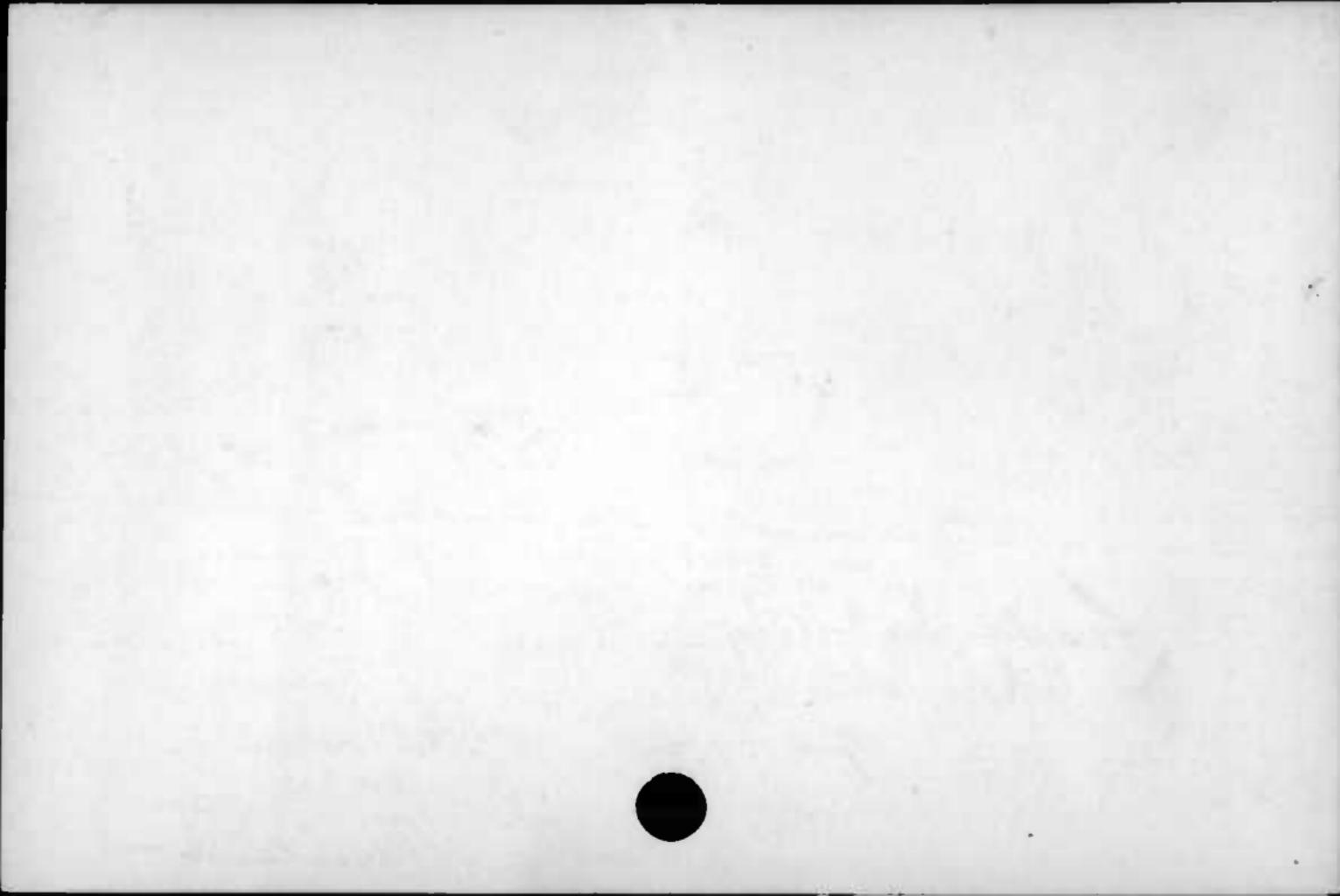
Newton H. Hershner -

Springfield S. Hospital

Sykesville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Parker					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 25	Years 87	Months -	Days -
Sex	Female	Color or Race	Black		Birth-place	Virginia
Occupation	Domestic Help		Where Residing if not at place of death		New Windsor Md	
Married, Single or Widowed	Widow	Name of Wife or Husband	Anthony Parker		Father's Birthplace	Virginia
Father's Name	Andrew Jackson				Mother's Birthplace	Virginia
Mother's Maiden Name	Sarah Jackson				How related to deceased	no
Name of person giving information	Mary Patterson					

CAUSES OF DEATH

Primary	Suicide by hanging	154	How long	one year
Immediate	Exhaustion -		How long	one week -

Are the name, age, sex, color, date and place correctly given above?

Yes

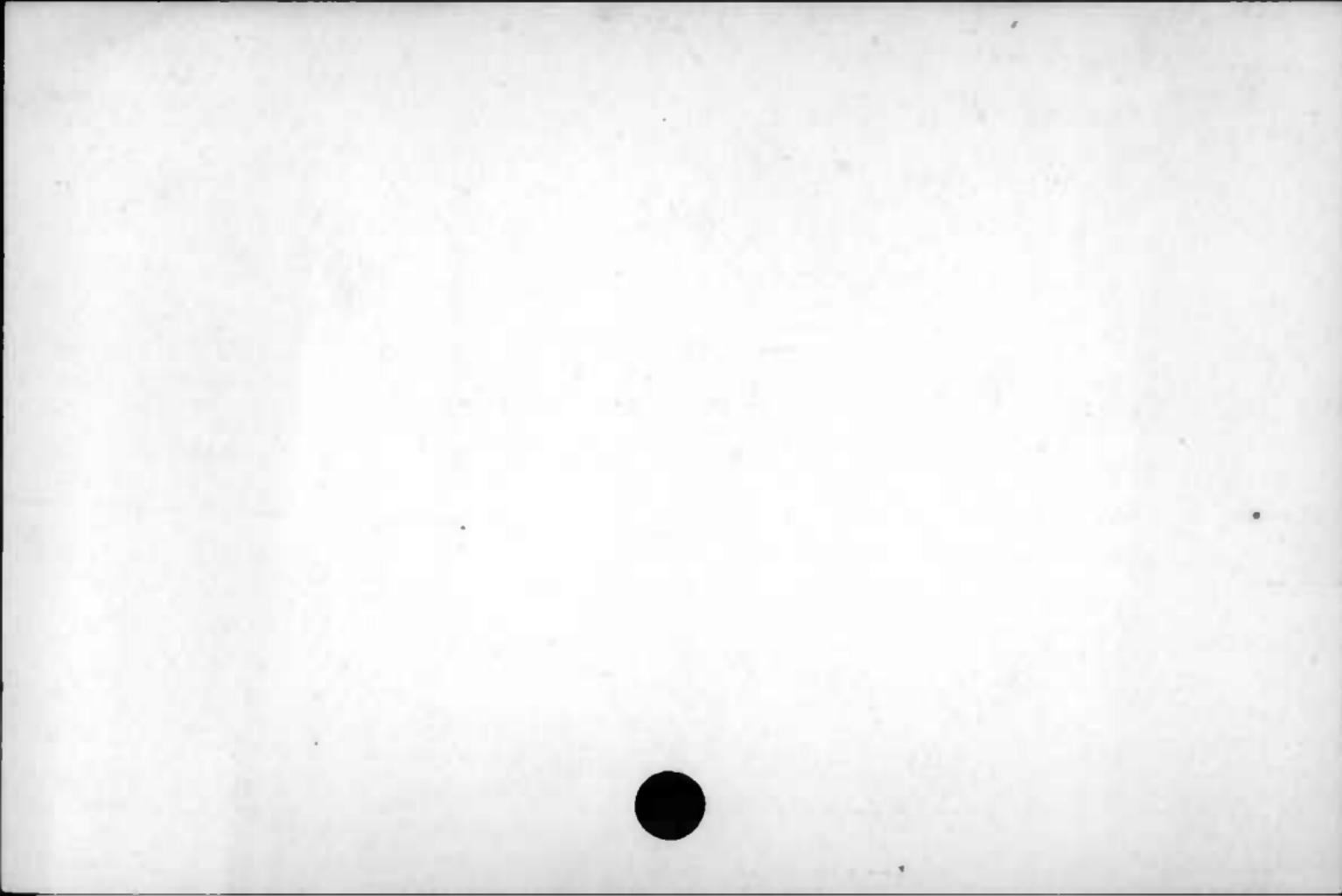
Signature of Physician

Address

G. H. Braun  
New Windsor

Maryland -

Accident or Suicide?



Name  
in  
Full

Annie B Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Carroll Co. Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John W Payne	Unknown		
Father's Name	Joseph Eck	Father's Birthplace	Unknown		
Mother's Maiden Name	Barbara Wolf	Mother's Birthplace	Pa		
Name of person giving Information	Ezra and his Beaver	How related to deceased	Friend		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Organic disease of heart

How long

Do not know

Immediate

Heart failure

How long

15 minute

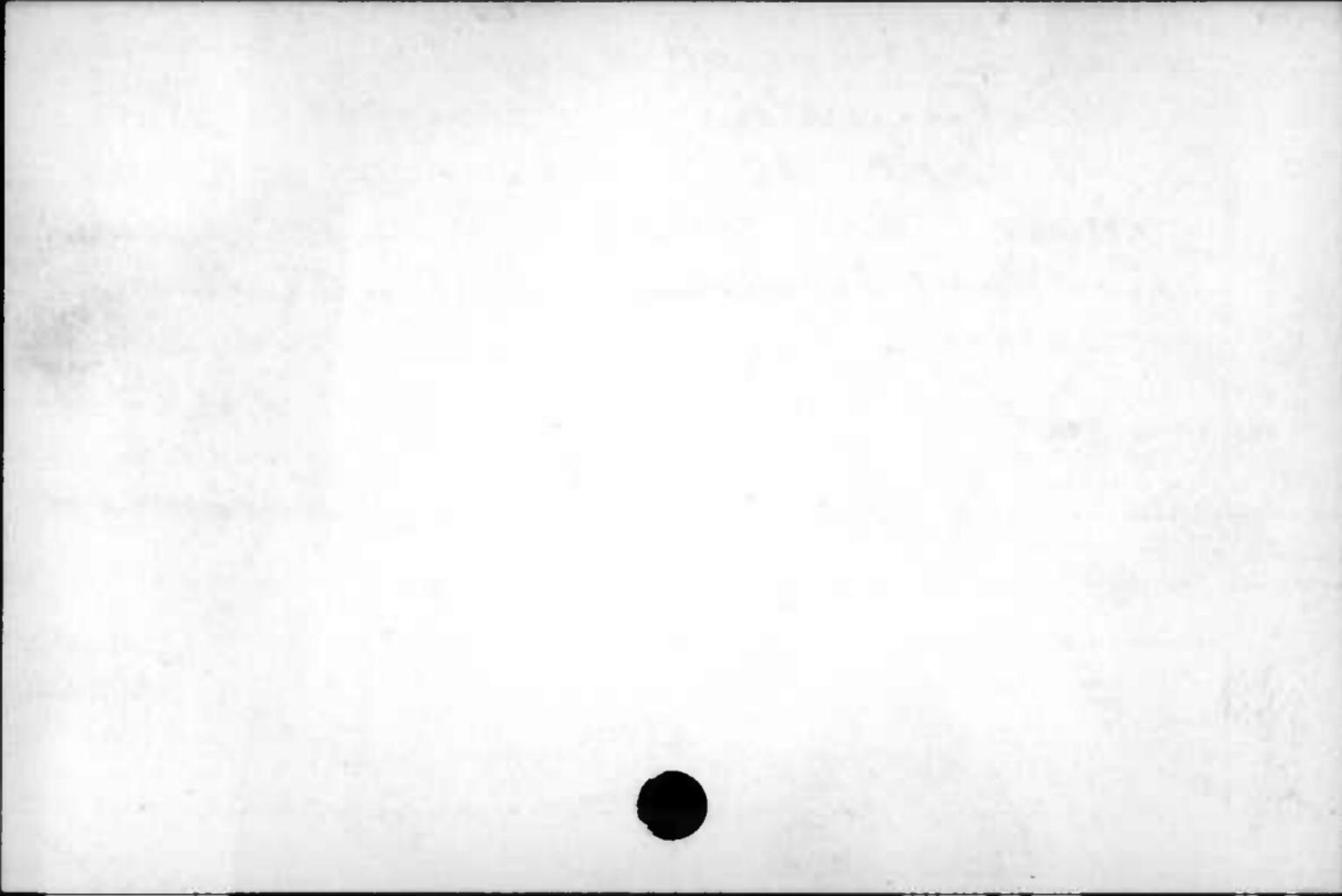
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. H. Davis  
Taneytown  
Md.

Accident or Suicide?



Name  
in  
Full

Hilda Marguerite Poulster

No 239  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Age		Color or Race	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	John A. Poulster		Shifley Carroll Co. and		
Mother's Maiden Name	Amie Methera Shygard		Bridgell Carroll Co. and		
Name of person giving Information	How related to deceased				
John A. Poulster	Father				
CAUSES OF DEATH					
Primary	Gastric enteritis				
Immediate	Convulsions				
How long			two days		
How long			3 hours		
Signature of Physician			Dr. W. T. Jones et al.		
Address			Westminster, Md.		
See other side of card					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

This certificate is issued  
without my having seen  
the deceased at any time,  
and upon information  
furnished by the child's  
father.

Henry M. Fighelde  
9-12-1907.

Name  
in  
Full

Nathan Herbert Pool

241

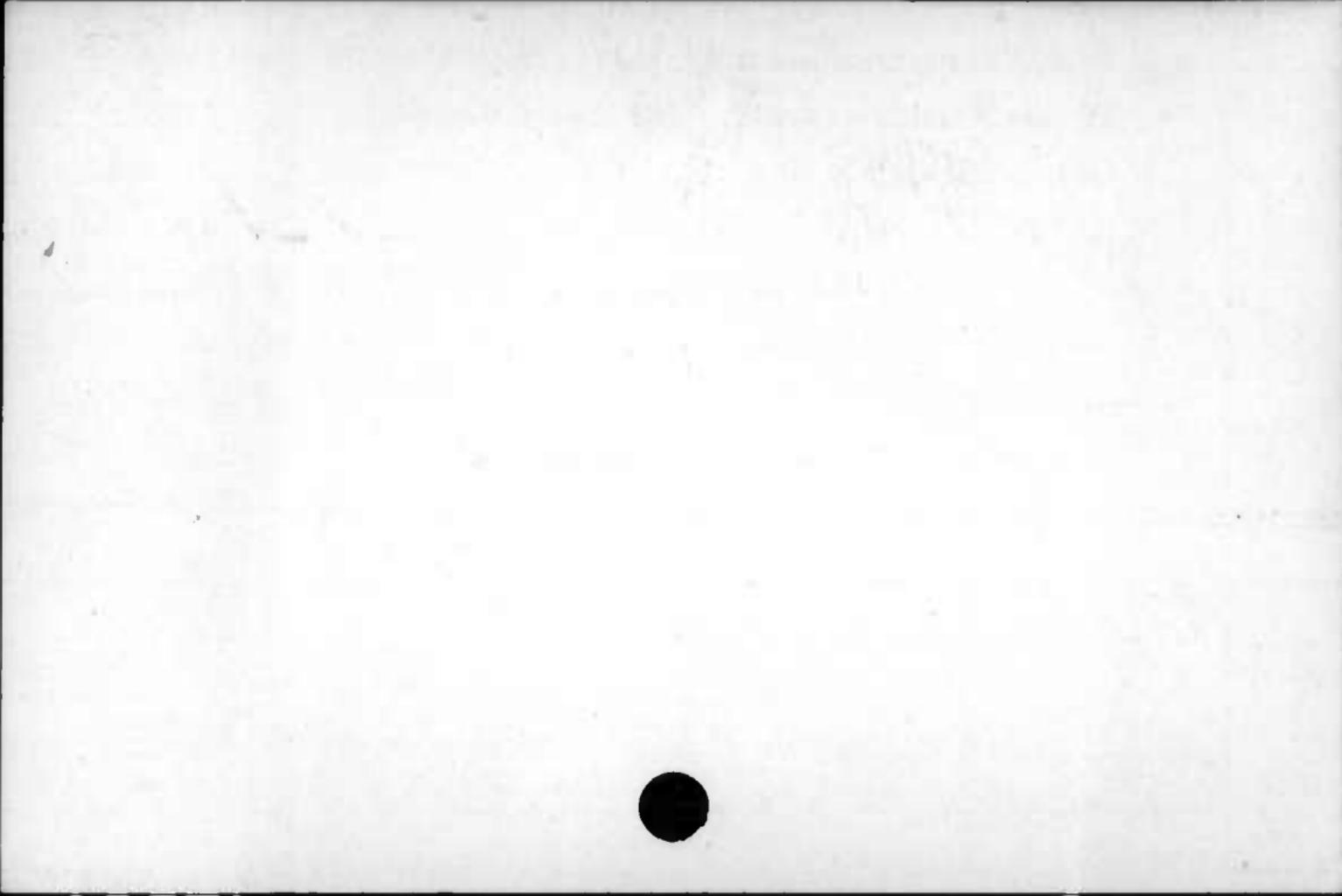
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	23 8 21		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<del>Baltimore</del>			
Father's Name	B Peyton Pool				
Mother's Maiden Name	Etta V Chisley				
Name of person giving Information	B Peyton Pool				
CAUSES OF DEATH					
Primary	Fell from Western Md train & was killed				
Immediate					
How long					
How long					
166					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James J. Ruiken, Coroner
		Address	Westminster
Accident or Suicide?	Accident	Maryland	



Name  
in  
Full

Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Henryton Town

Carroll County

MARYLAND

Date of death 1907 Month Sept

Day 30

Age — Years

Months — Days 18

Sex Female

Color or Race

white

Birthplace

Henryton

Occupation —

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Dense W. Porter

Father's Birthplace

Carroll Co

Mother's Maiden Name

Ellen M x Reaser

Mother's Birthplace

Baltimore

Name of person giving  
Information

Dense W. Porter

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Ecteritis

105

How long

2 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Daniel B. Sprecher

Address

Sykesville  
2nd

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Frederick Russell Reynolds 240  
Town. County CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Westminster	Carroll	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1907	Sept	7	47	—	—	21
Sex	Male	Color or Race	Colored	Birth-place	Carroll Co,	
Occupation	Laborer		Where Residing if not at place of death	Washington, D.C.		
Married, Single or Widowed	married	Name of Wife or Husband	Unknown			
Father's Name	Oliver Roy Reynolds		Father's Birthplace	Carroll Co		
Mother's Maiden Name	Caroline Johnson		Mother's Birthplace	Carroll Co		
Name of person giving Information	Francisanna Edwards		How related to deceased	Sister		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Acute Pleurisy & Bronchitis

6 mos.

Immediate

(Pulmonary Tuberculosis) Exanthem

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Chas R Faust,  
Westminster,  
Md.

Accident or Suicide?

Ellsworth Bennett  
Stones

Name  
in  
Full

Angelina Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1907	Month Sep	Day 21	Age 78	Years	Months 17 Days 17
Sex	Color or Race	White	Birth-Place	Montgomery Co	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Widow	10 m	66 Plaza St death	
Father's Name	W. F. C. Robinson				
Mother's Maiden Name	Washington D.C.				
Name of person giving information	Half Sister				

CAUSES OF DEATH

79

How long

About 3 yrs.

How long

8 mos.

Primary

Valvular Heart Disease

Immediate

Insar, ear from same

Are the name, age, sex, color, date and place correctly given above?

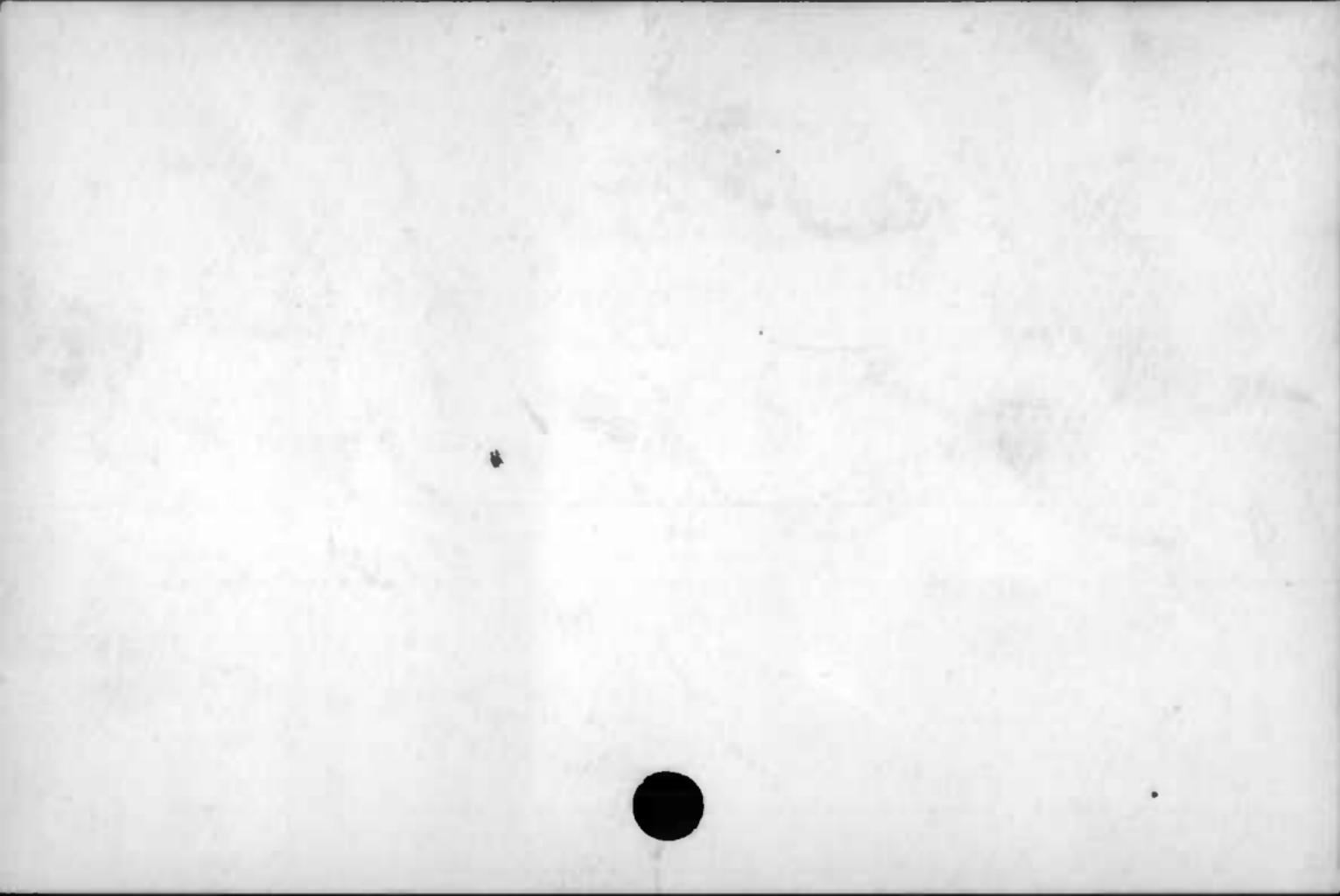
Yes

Signature of Physician

Address

Off. Steffenger  
Sykesville.  
Md.

Accident or Suicide?



Name  
in  
Full

Sydney Ann Roller

238

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Pleasant Valley Carroll  
Town County  
Date of death 1907 Month Day Age Years Months Days  
Sex female Color or Race White Birth-place Pleasant Valley

Occupation Housewife Where Residing if not at place of death Baltimore Md.

Married, Single or Widowed Married Name of Wife or Husband George Roller

Father's Name Philip Humbert Father's Birthplace Silver Run Md.

Mother's Maiden Name Elisajane Bowers Mother's Birthplace Pleasant Valley Md.

Name of person giving information Elisajane Bowers How related to deceased Mother

CAUSES OF DEATH

1

Primary Typhoid fever How long 6 days

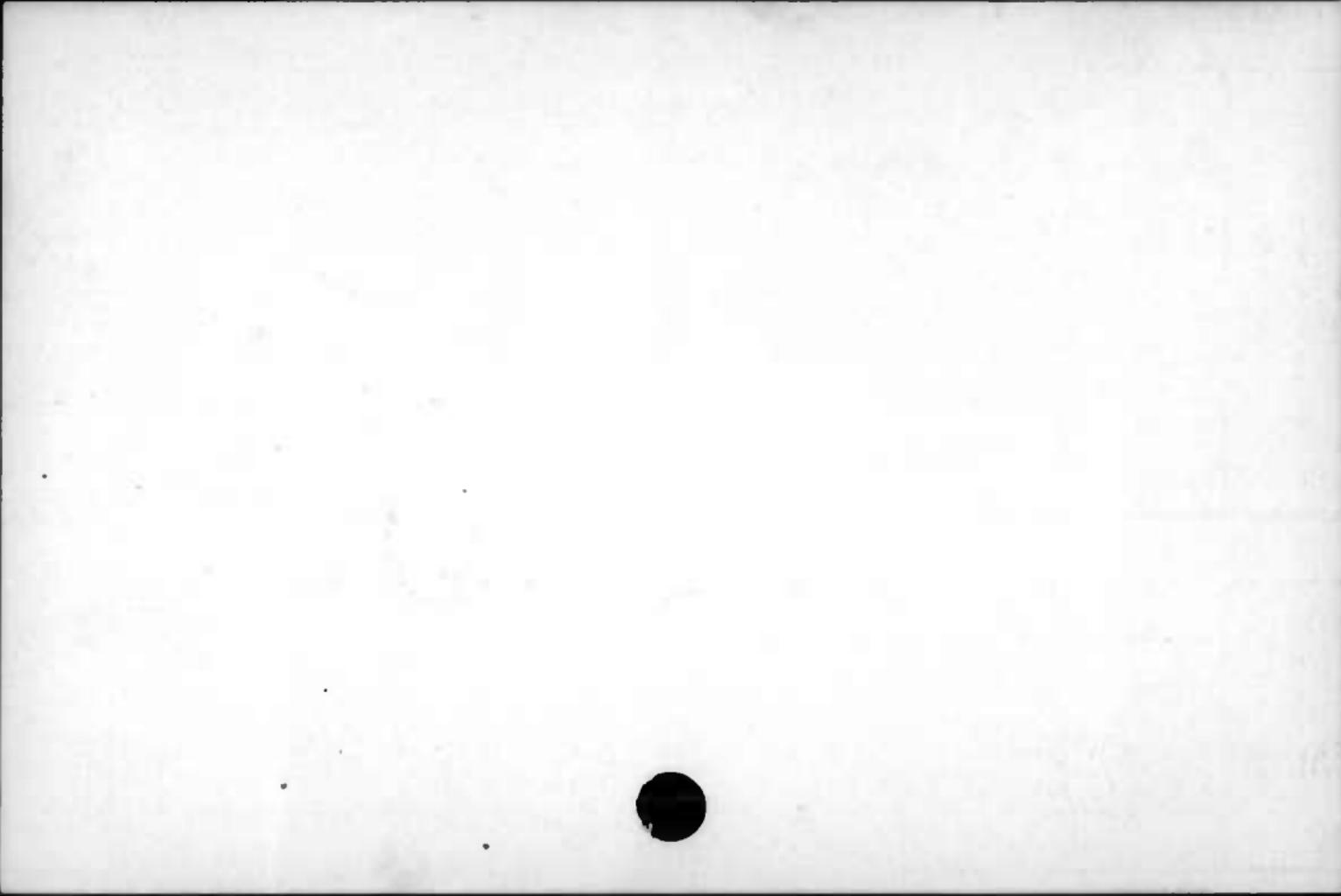
Immediate Intestinal haemorrhage How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. Lewis Wetzel M.D.

Address Union Mills Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Uniontown</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept.</u>	Day <u>6</u>	Years <u>86</u>	Months <u>2</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>— — —</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Jessie Poop</u>	Father's Birthplace <u>do not know</u>			
Father's Name <u>William Gorrell</u>	Mother's Birthplace <u>Maryland</u>				How related to deceased <u>Grand Son</u>
Mother's Maiden Name <u>Matilda Sellman</u>					
Name of person giving information <u>Melvin W. Rorison</u>					

CAUSES OF DEATH

154

How long

How long

PHYSICIAN  
OR CORONER

Primary

Senility

Immediate

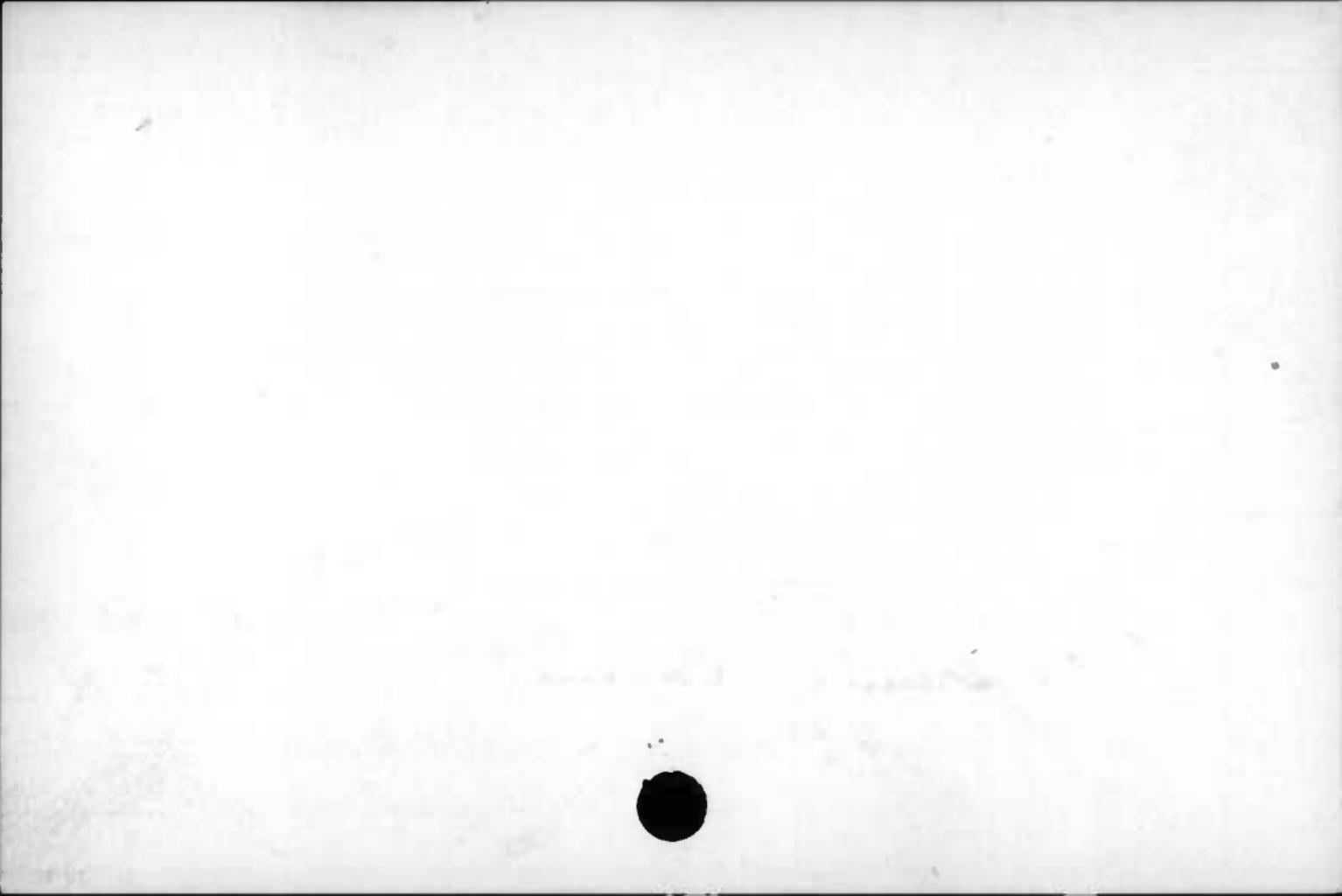
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John & Sue  
Uniontown Md.

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<b>Wm E. Shaffer.</b>				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1907	Month 9	Day 25	Years 4	Months	Days	25
Sex	Males	Color or Race	White	Birth-place	Hampstead		
Occupation	Where Residing if not at place of death			Unknown			
Married, Single or Widowed	X	Name of Wife or Husband	X	Father's Name	Hampstead Mid		
Mother's Maiden Name	Sarah Elling Spahn			Mother's Name	Hampstead Mid		
Name of person giving Information	Wm E. Shaffer.			How related to deceased	Father		
CAUSES OF DEATH							
Primary	Malaria.						
Immediate	Cholera infantum						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Edgar M. Bush			
Yes				Address Hampstead, Md.			
Accident or Suicide?							

PHYSICIAN  
OR CORONER

105-

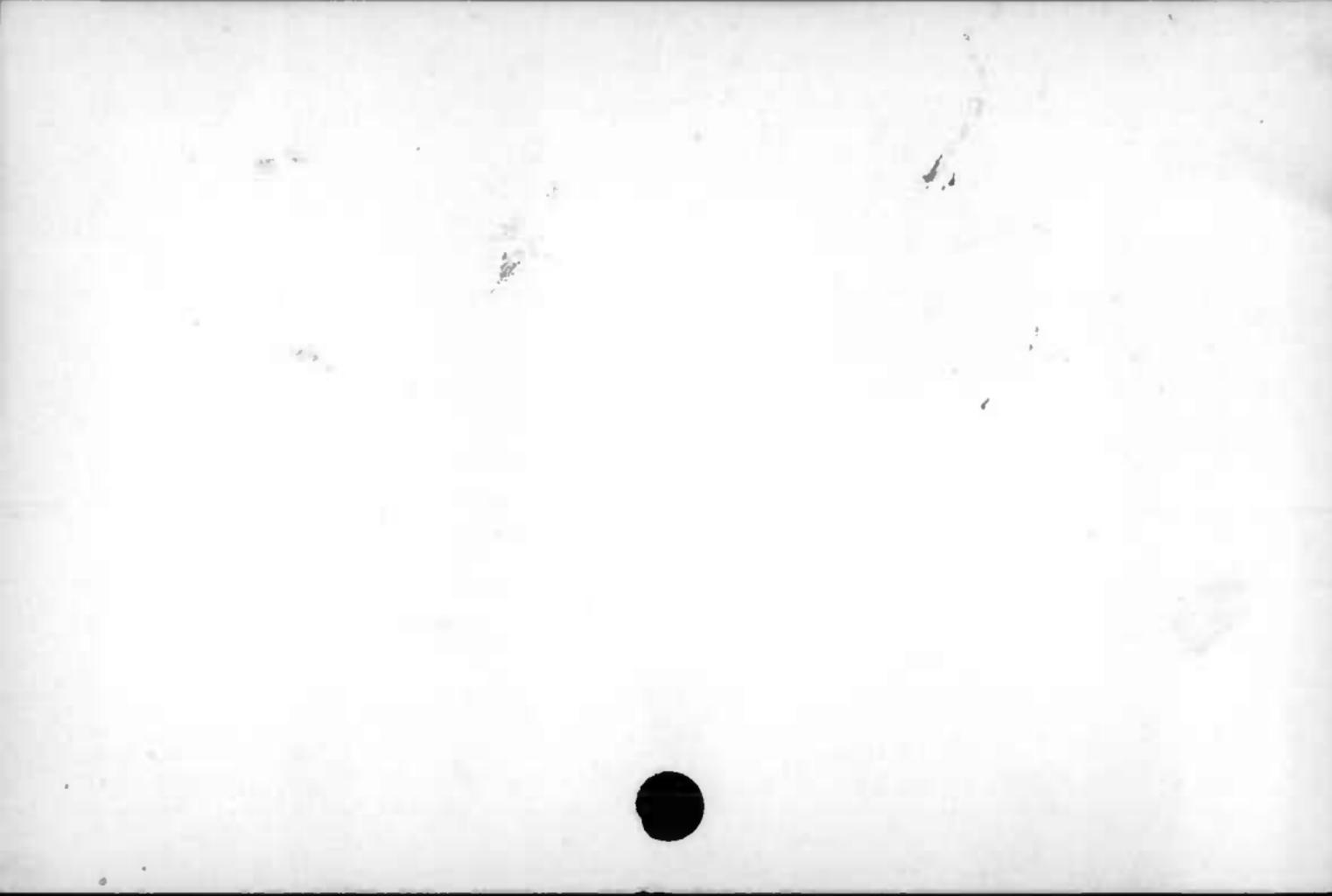
How long

How long

2 weeks.

3 days.

LIBRARY BUREAU 48816



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John McCrory Shipler

CERTIFICATE OF DEATH

MARYLAND

Died at	new Gist	Town	County		
Date of death	1907	Month 9	Day 14	Years	Months 6
Sex	Male	Color or Race	White	Birth-place	Gist, Md.
Occupation		Where Residing if not at place of death new Gist, Md.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Grover M. Shipler				Father's Birthplace Carrollton
Mother's Maiden Name	Mary E. Painter				Mother's Birthplace " " "
Name of person giving information	Grover M. Shipler				How related to deceased Father

CAUSES OF DEATH

105

How long

3 days

How long

12 hours

Primary

Enterocolitis

Immediate

Cerebritis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E D Crout

Winfield

Carroll Co.

Accident or Suicide?

Harmony

Name  
in  
Full

Ethel M. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Towontown List</u>		Town	County <u>Carroll</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>28</u>	Years	Months <u>3</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Calvin M. Smith</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Alice Null</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Calvin Smith</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

(105)

Primary Enter. Colitis (Chronic) 2 month.

Immediate Exhaustion. 2 days.

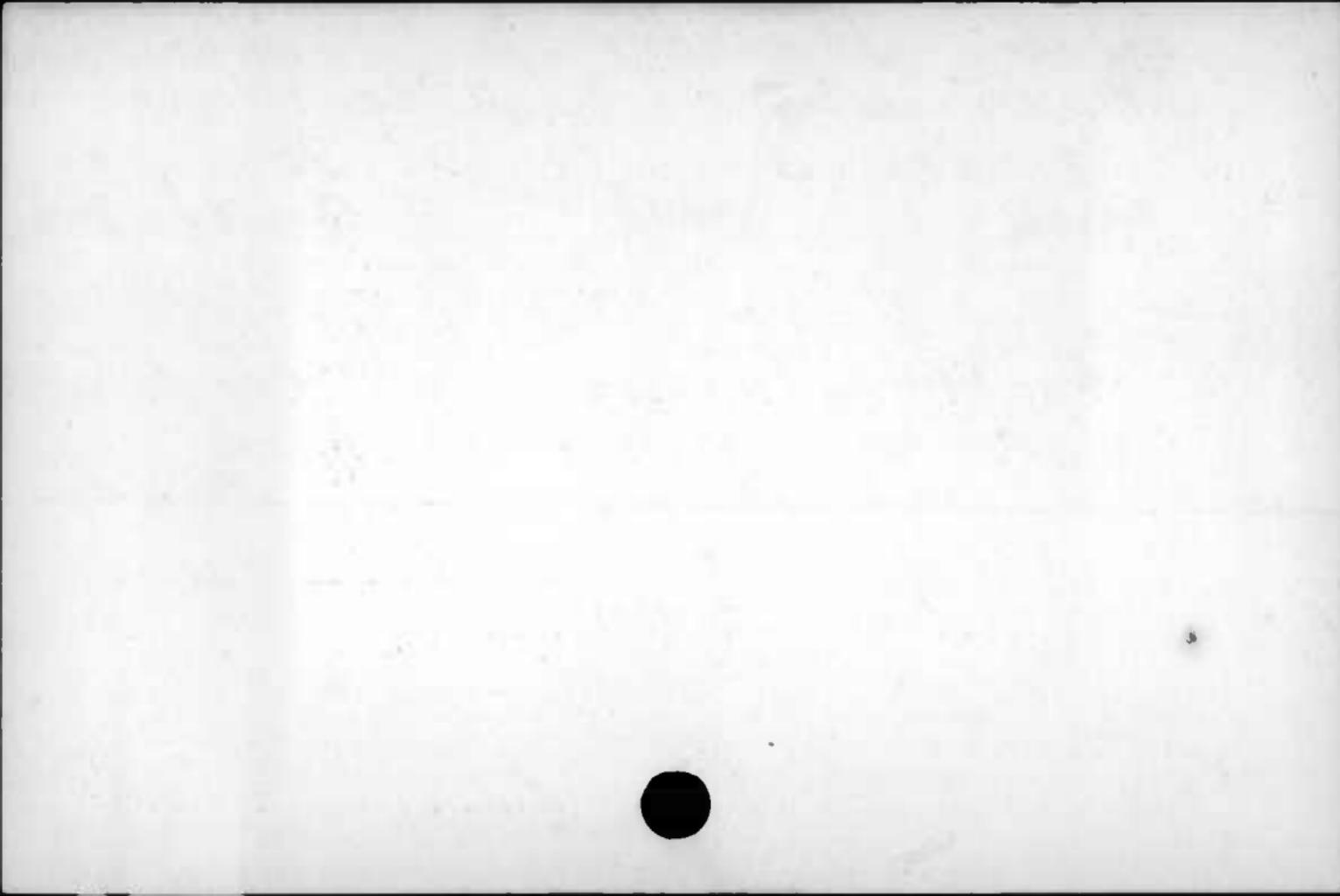
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

J. H. Davis, M.D.  
Taneytown Md



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Westminster</u> <small>Town</small>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept.</u>	Day <u>3</u>	Years <u>1</u>	Months <u>10</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Home</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Jacob Starver</u>	Father's Birthplace <u>Carroll Co Md.</u>				
Mother's Maiden Name <u>Jessie Dayhoff</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Jacob Starver</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

105

Hour long

Primary <u>Cholera Peritonitis</u>	How long
Immediate <u>Acute Meningitis</u>	

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<input checked="" type="checkbox"/>	<u>John Stewart</u>
	Address <u>Westminster</u>

Accident or Suicide?	<u>Yes</u>
----------------------	------------

St-Berfameus Cemetery  
Stoner

Name  
In  
Full

Charles Henry Stein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jordan's Retreat</i> -		County <i>Carroll</i>		MARYLAND	
Date of death 1907	Month Sept	Day 17	Years 17	Months 1	Days 12
Sex Male	Color or Race White	Birth-place <i>Jordan's Retreat</i>			
Occupation <i>Solom</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband	✓ Father's Birthplace <i>Maryland</i>			
Father's Name <i>George Stein</i>	Mother's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ida Pool</i>	How related to deceased <i>Friend</i>				
Name of person giving information <i>William Winter</i>					

CAUSES OF DEATH

Physician  
OR CORONER

Primary <i>Sun Stroke</i>	169	How long
Immediate <i>Coma</i>		How long <i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>William Winter</i>	Address <i>New Windsor Md.</i>
Accident or Suicide? <i>Q</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Sebastian Stoffle

Died at		Town	County		MARYLAND	
Date of death	1907	Month 9	Day 12	Years 81	Months 16	Days 25
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Farmer					Where Residing if not at place of death
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary Herck			
Father's Name	Unknown					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving Information	Geo. W. Stoffle					How related to deceased

CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER

Primary

General senility old age

Immediate

Decubitis

How long

4 weeks

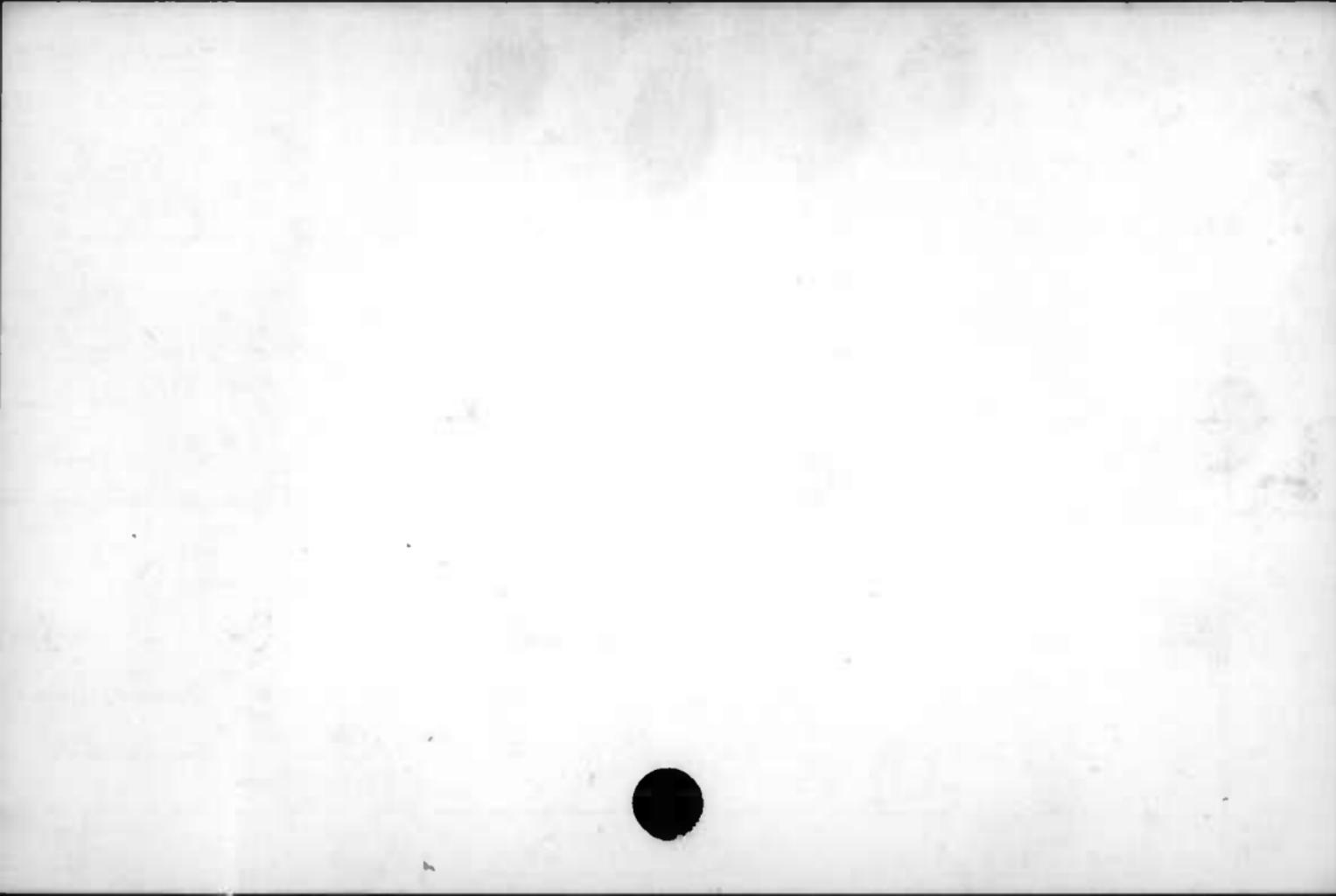
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman MD  
1 Mandeville Rd

Accident or Suicide?



William Stonesifer

248

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	White	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Head	Birthplace			
Father's Name	William Stonesifer	Md				
Mother's Maiden Name	Don't know	Mother's Birthplace				
Name of person giving information	William Bowman	How related to deceased				

## CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

6 or 8 yrs

Immediate

Amenic Coma Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas R. Youth  
Westminster  
Md

Accident or Suicide?

St John's  
Leicester  
Stores.

Name  
in  
Full

Loren Virginia Elizabeth Thirel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at  
Manchester

County  
Carroll

MARYLAND

Date  
of death

1907

Month  
Sept

Day  
15

Years  
5

Months  
4

Days  
6

Sex

Female

Color or  
Race

White

Birth-  
place

Manchester

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Herb Thirel

Father's  
Birthplace

Carroll Co Md

Mother's  
Maiden Name

Elizabeth Grummel

Mother's  
Birthplace

Carroll Co Md

Name of person giving  
Information

Herb Thirel

How related  
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

6 day

Immediate

How long

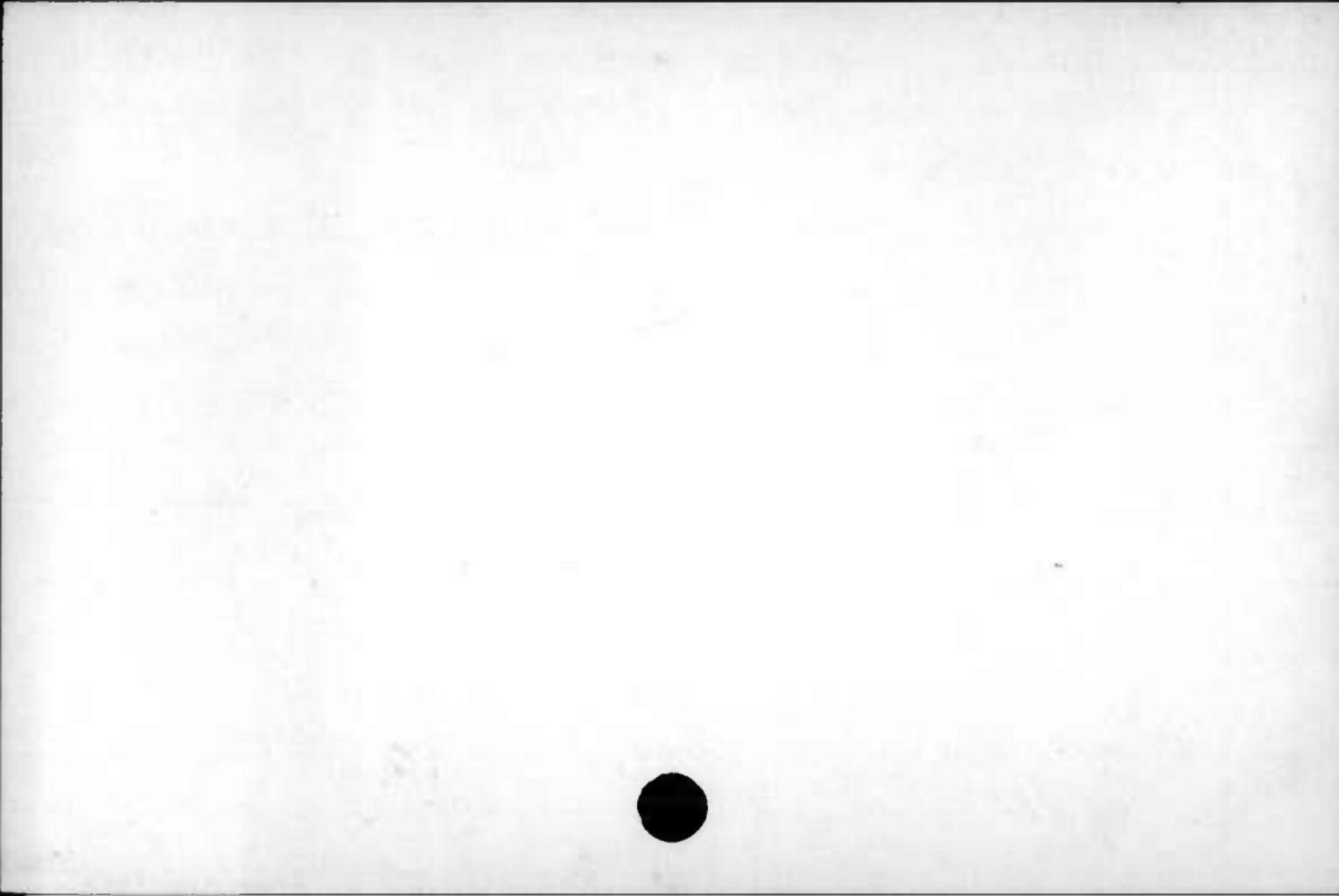
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

J A Sherman M.D.  
Manchester  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Daniel Thomson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 2	Years 77	Months 7	Days 28
Sex	Male	Color or Race	Black	Birth-place	Frederick Co	
Occupation	Labor		Where Residing if not at place of death	New Windsor		
Married, Single or Widowed	Married	Name of Wife or Husband	Sidney Thomson			
Father's Name	Daniel Thomson		Father's Birthplace	Unknown		
Mother's Maiden Name	Millie Dines		Mother's Birthplace	Unknown		
Name of person giving information	Howard O. Myers		How related to deceased	No.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac Asthma

79

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

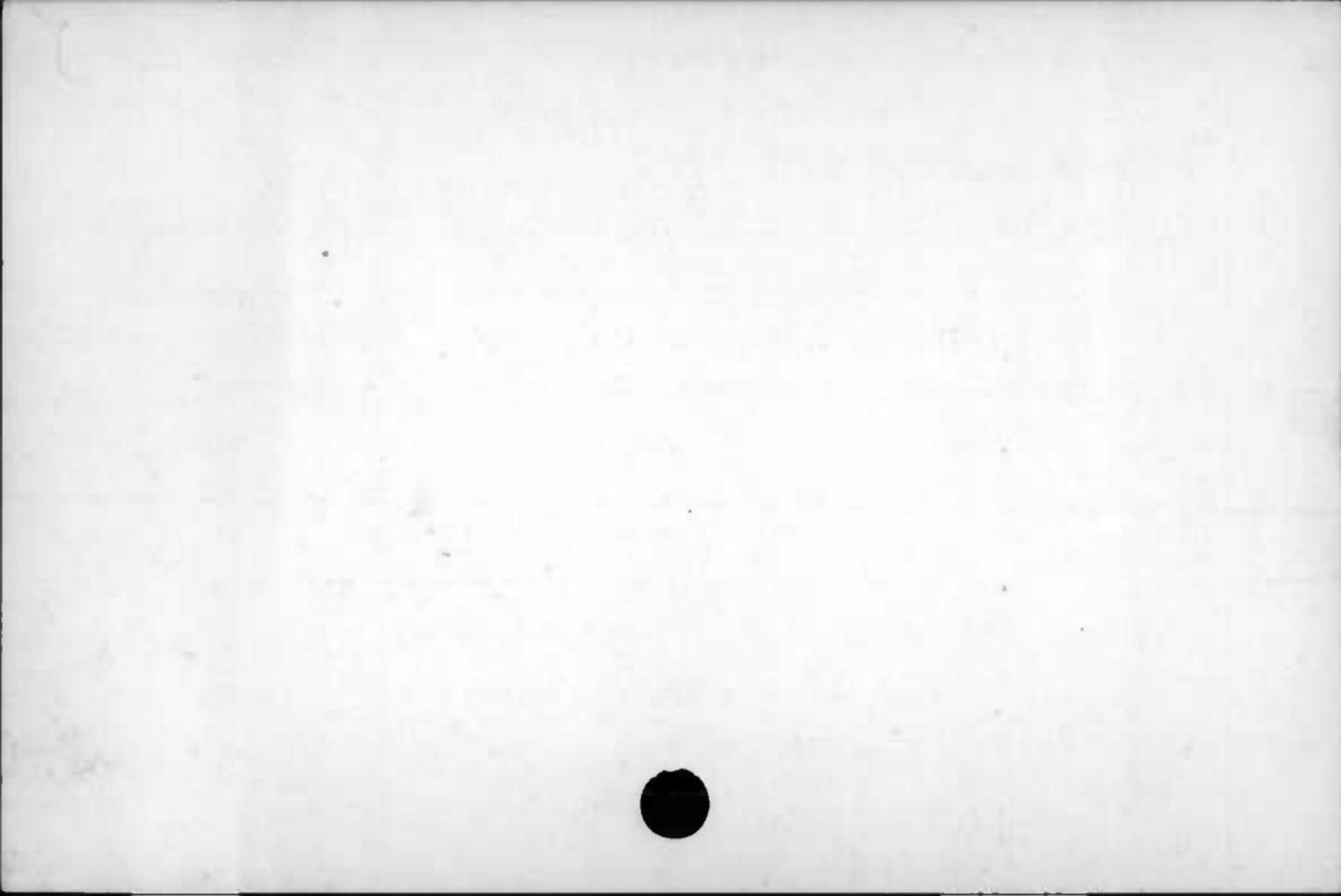
Yes

Signature of Physician

Address

Ira E. Whittemore M.D.  
New Windsor  
Md.

Accident or Suicide?



Name  
in  
Full

Sherman Thomson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>New Windsor</b>		County <b>Carroll</b>	<b>MARYLAND</b>		
Date of death <b>1907</b>	Month <b>Sept.</b>	Day <b>15</b>	Age <b>Years</b>	Months <b>—</b>	Days <b>6</b>
Sex <b>Male</b>	Color or Race <b>Black</b>	Birth-place <b>New Windsor</b>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <b>Eli Thomson</b>	Father's Birthplace <b>Maryland</b>				
Mother's Maiden Name <b>Florance Dwyer</b>	Mother's Birthplace <b>Maryland</b>				
Name of person giving information <b>Eli Thomson</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

92

How long

91 days

Primary

*Insufflation pneumonia*

How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Dr. Joe Whetstone,  
New Windsor  
Md.*

Accident or Suicide?



Name  
in  
Full

Lizzie A. M. Tracy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1907	Sept.	20	37	11.	1.		
Sex	Female	Color or Race	white	Birth-place	Carroll Co.		
Occupation	wife	Where Residing if not at place of death			Lincolns Md.		
Married, <input checked="" type="checkbox"/>	Widowed, <input type="checkbox"/>	Name of Wife or Husband	James A. M. Tracy.				
Father's Name	William Shenk	Father's Birthplace	Unknown				
Mother's Maiden Name	Susan Baughman	Mother's Birthplace	"				
Name of person giving information	James A. Tracy	How related to deceased	Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diabetes

50

How long

Immediate

Diabetic Coma.

4 yrs

How long

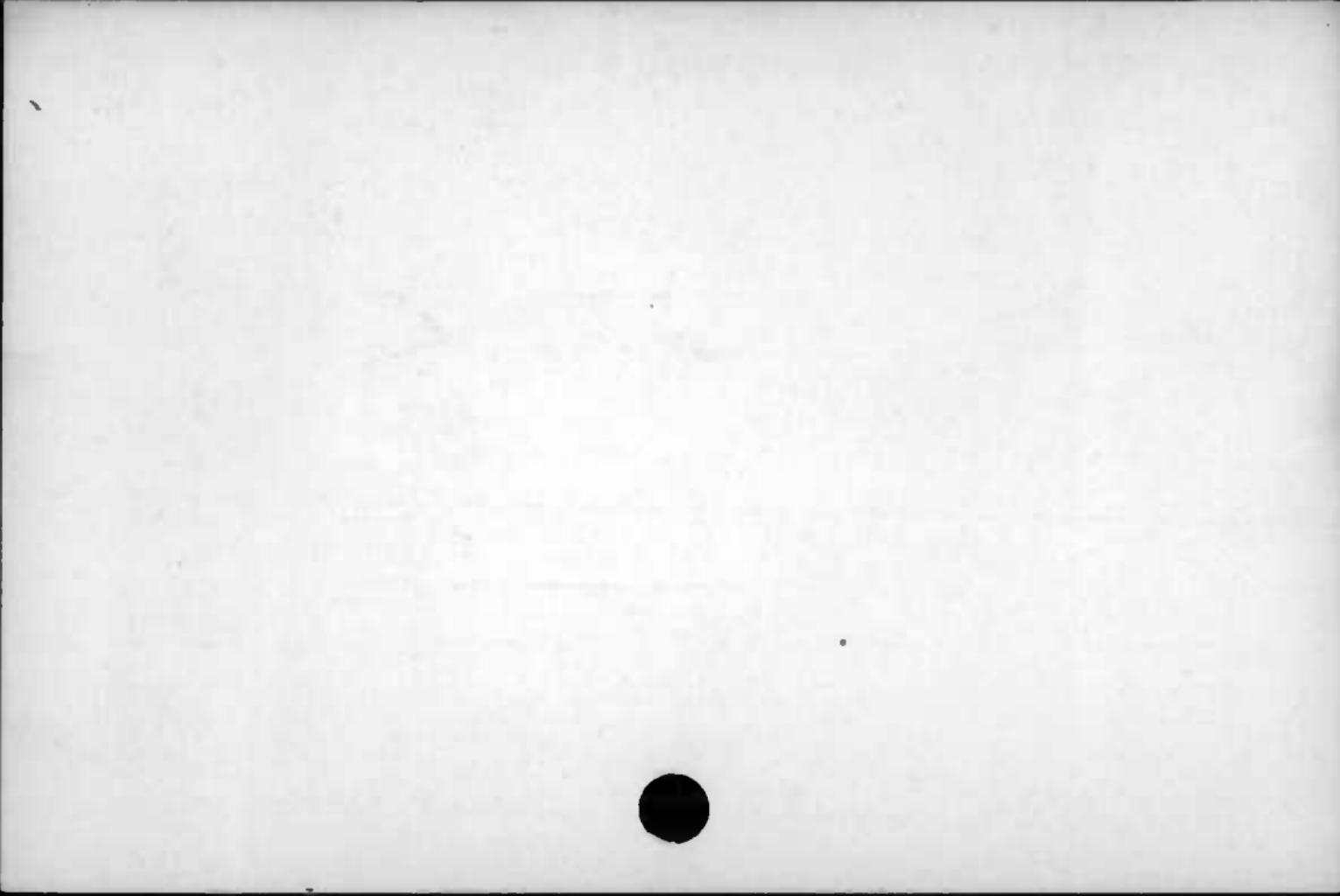
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T. Howard Wertz  
Lincolns Md.

Accident or Suicide?



Name  
in  
Full

Frances O. Wilson,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	David Wilson				
Father's Name	John Smith					Father's Birthplace
Mother's Maiden Name	Mary Smith					Mother's Birthplace
Name of person giving Information	W. Edgar Wilson					How related to deceased

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

Carcinoma of Liver

How long

Two or more

Immediate

Years

Are the name, age, sex, color, date and place correctly given above?

yes

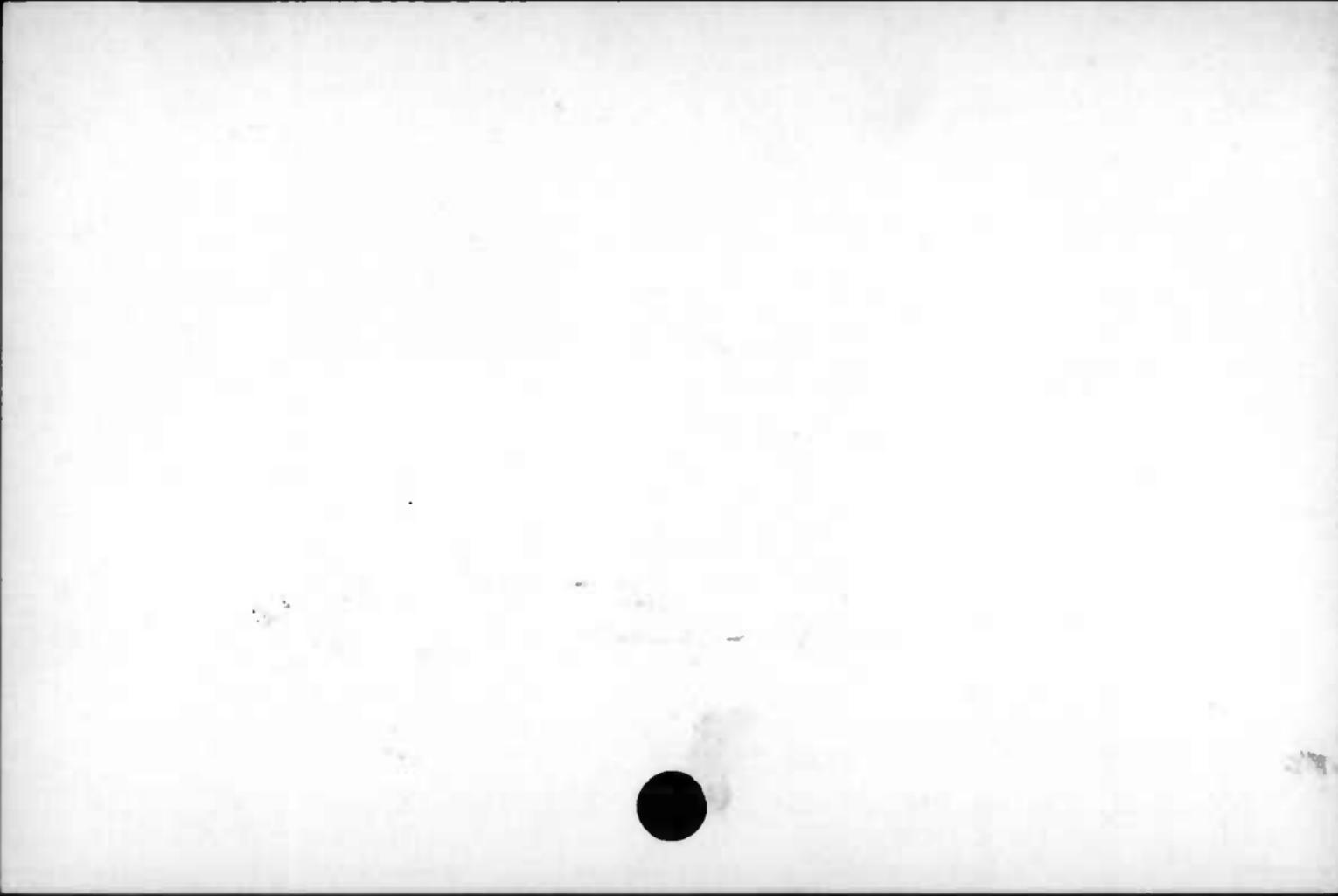
Signature of Physician

Address

Lawrence K. Wilson

Carrollton Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>John W. Yingling</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Died at	Uniontown	Carroll				
Date of death	1907 Sept	23	Age 79			
Sex	Male	Color or Race	White	Birth-place	Uniontown Md	
Occupation	R.R. Conductor		Where Residing if not at place of death	Uniontown Md		
Married, Single or Widowed	Widower	Name of Wife or Husband	Miss Bowes			
Father's Name	David Yingling		Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth Foster		Mother's Birthplace	Maryland		
Name of person giving Information	Allen Yingling		How related to deceased	Brother		

CAUSES OF DEATH

14

Primary

Acute Dysentery

How long

About 2 weeks

Immediate

Yes

How long

Licker St Cup  
Uniontown Md

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

79 -